



LONDON BOROUGH OF REDBRIDGE

annual report
of the Medical Officer of Health
and Principal School Medical Officer
for the Year 1971

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for
1971

I. GORDON
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Health Department,
17/23 Clements Road,
Ilford.

August, 1972.

Mr. Mayor, Ladies and Gentlemen,

I hereby submit the seventh Annual Report of the Health Services of the London Borough of Redbridge.

This is of course my last Report, and will actually be published after my retirement. I came to Ilford in 1937, (at a salary of £500) and apart from army service, have been here ever since. However, readers should not imagine that this means a continuous service to one authority. Since 1937, (and indeed this applies after 1974) a continuous stream of Acts of Parliament, each hailed in its turn as the latest beneficial managerial advance, has shuffled my groups of masters, although I have remained more or less in the same place and continued doing more or less the same work. When I arrived I was employed by Ilford, later as far as School Health was concerned, part of my time for Essex, later still, as far as Maternity and Child Welfare was concerned, a further moiety of time for Essex, the theoretical (and financial) proportions for each authority changing regularly. Eventually I was employed full-time by Redbridge, and my successor will be employed by an Area Health Authority outside local government. I have been thus responsible in turn to an Ilford Public Health Committee, Ilford Education Committee, Ilford Maternity and Child Welfare Committee, Ilford Education Committee carrying out delegated duties for Essex, and Essex Area Health Sub-Committee, and finally a series of Redbridge Committees, the most relevant ones being originally two, Health and Welfare; these then combined into one, Social Services, and now split again to the Health Committee. Let no one suggest that local government is static!

It is a convention that a retiring M.O.H. should refer to improvements since his appointment, with the assumption that he has had some responsibility for the improved health indices. Much of this is arguable, more money, more leisure antibiotics and other factors probably predominate in this advance. Accordingly I feel that it would be of greater interest to go back to the year 1900, as Ilford Health Reports are available and complete.

The first Annual Report of Wanstead and Woodford did not appear until 1934, and of Wanstead until 1912, so historically these reports are of lesser interest. However the first report available of Woodford Urban District is dated 1899. In 1900 the vital statistics were much the same as for Ilford and no better; more variable from year to year, as would be expected from the fewer births and deaths in a much smaller population, (then about 15,000). The M.O.H., a part-time G.P. produced a very slim, dry and not very informative document. However, he referred on more than one occasion to what he considered were abuses of the times, use of a disinfectant (boric acid) to preserve milk for baby feeding, and the insurance of the lives of infants, in its relationship to the incidence of infant deaths. The first full time M.O.H. was Dr. Brown, appointed to Wanstead and Woodford in 1945, and the only full time M.O.H. of that borough until its union with Ilford.

In 1900 the population of Ilford was 43,701 including 2,770 in "Claybury Asylum" and 1000 in Dr. Barnardos Village Home. Dr. Shimfield, the part-time M.O.H. disclosed a death rate, unadjusted, of 9.53 per 1000. This is astonishing, as last year the adjusted death rate for Redbridge was higher, 10.8. The only explanation must be that Ilford had then a very young population. The infant mortality rate showed a very different picture, 142.72 deaths per 1000 live births (Redbridge rate in 1971 was just 13). Figures of this sort we now equate with underdeveloped countries. There were 12 cases of smallpox in the town, and the M.O.H. writes "when it is considered the fearful rapidity with which the disease spread in Gloucester, and Edinburgh, and now in Glasgow, where in one day there are more fresh cases notified than occurred during the whole time in Ilford and the almost hourly contact with which the population here have from most of our inhabitants having to travel to London every day, it must be apparent to everyone that had it not been for the exceeding care with which the most prompt and urgent measures were taken to prevent the spread of the disease, the cases of smallpox, instead of being twelve, would have been much greater".

The Hospital for Infectious Diseases had 20 beds, "quite insufficient", and soon to be enlarged. Now, 1972, in view of the paucity of cases, it is recommended that these beds be closed down altogether, and used for other purposes.

Housing was then also a problem, "there are now good substantial rows and terraces suited in size and rent for the working man, most of these have small gardens back and front which are amply sufficient for air space". By now, of course, most of these houses will have been pulled down in the process of slum clearance as unfit for human habitation.

Sewerage was a problem, some "outlying districts, viz – the eastern end of Green Lane and Goodmayes Cottages require better drainage as they at present run into ditches through cesspools", "where there are cesspools and tub closets the contents are emptied on the land".

"Lodging-houses, slaughter-houses, bake-houses, dairies, cow-sheds are all in a satisfactory condition. There are no offensive trades".

Two schools were closed during the year, because of scarlet fever and whooping cough. I cannot recall when last I recommended that a school be closed because of infectious disease, although scarlet fever and whooping cough are still with us.

"A great amount of trouble and annoyance has again been caused by Gipsies and Tent Dwellers, and upon several occasions I have had to request the attendance of the police to assist me in their removal". Seventy years later this problem was also acute, with cars and motor caravans instead of horses and tents.

In 1901 Dr. Stovin was appointed as Acting Medical Officer of Health. He was very encouraged in 1902 to note the drop of the Infant Mortality Rate to 73.3, but generously attributed it to the good weather. He was not so happy however about the 44 cases of smallpox.

The more things change the more they stay the same. In 1892 bye-laws with regard to Houses Let in Lodgings or occupied by members of more than one family were made by the Local Board, they dealt with registration, inspection, sanitary and cleansing provisions, number of occupants, air-space etc. In 1902 "with only two Sanitary Inspectors it has not been possible to take any effective action". By appointing another Inspector a house-to-house inspection would be possible. Our present Chief Public Health Inspector will doubtless have much sympathy with his predecessor. The condition of the River Roding, opposite and below the Wanstead Sewage Works, was reported on, and the condition of things improved, but much remains to render the river satisfactory" – and still does, in 1972.

In 1904 the M.O.H. strongly urged the appointment of a "a Female Sanitary Inspector or Health Visitor".

A postscript. In 1913 a new name appeared at the end of the preface, Dr. Oates. He stated "The duties of Medical Officer of Health were carried out by Dr. C.F. Stovin from the beginning of the year till November 20th, 1913, when he was suspended from office by resolution of the Council". He was, in fact, given the sack. I believe there was at the time quite a scandal, an enquiry was held by the Local Government Board. Dr. Stovin was at fault because he didn't carry out the instructions of the Urban District Council, and the U.D.C. were at fault because they gave him the wrong instructions! They were told, I believe, to reinstate him, but the U.D.C. were a tough lot, and never did. I seem to have escaped this fate!

Delving into past history is fascinating. Unfortunately it would not be possible to give more space to it.

Finally, I would like to thank the Chairman, Aldermen and Councillors, past and present, with whom I have had a working relationship for their courtesy, kindness and understanding. I am indebted to my colleagues, also those now gone, in my own and other departments, who, through the years have enabled me to provide a service to Ilford and Redbridge. I wish those still in harness a future that will give them satisfaction, and may I recommend to you my successor, Dr. Frank Murphy.

I have the honour to be,
Your obedient Servant,
I. GORDON,
Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in Acres)	(Land and Inland Water)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13,983
	(Tidal Water)																		
Registrar-General's Estimate of resident Population:—																			
June, 30th, 1971 ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	239,880
Number of inhabited houses (April 1st, 1971) according to rate books	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	79,331
Rateable Value — April 1st, 1971	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	£13,301,883
Sum represented by a penny rate, April 1st, 1971	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	£130,000
General Rate in the £ — 1971 - 1972																			
Domestic Properties ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	85p.
Mainly Domestic Properties	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	90p.
Non-Domestic Properties	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	94½p.

The following figures as to unemployment were supplied by the Department of Employment and Productivity (Ilford area only):

As at 10th January, 1972																		<u>Males</u> 1,405	<u>Females</u> 183	<u>1971</u>
Live Births	3,294
Live Birth rate per 1,000 population — Crude rate	13.7
Adjusted rate	14.1
Illegitimate Live Births per cent of total live births	7
Stillbirths	44
Stillbirth rate per 1,000 total live and stillbirths	13
Total Live and Stillbirths	3,338
Infant deaths (under 1 year)	43
Total Infant deaths per 1,000 total live births	13
Legitimate Infant deaths per 1,000 legitimate live births	12
Illegitimate Infant deaths per 1,000 illegitimate live births	21
Neo-natal mortality rate per 1,000 live births (first four weeks)	8
Early Neo-natal mortality rate per 1,000 total live births (under one week)	8
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	21
Maternal deaths (including abortion)	Nil
Maternal mortality rate per 1,000 live and stillbirths	Nil
Deaths (all causes)	2,703
Death rate per 1,000 population — Crude rate	11.3
Adjusted rate	10.8
Comparability Factors — Birth rate	1.03
Death rate	0.96
Total rainfall 1971	573.86 mms. (22.59 inches)
Greatest rainfall in any 24 hours (on 24.5.71)	51.1 mms. (2.01 inches)

EPIDEMIOLOGY

EPIDEMIOLOGY

(Dr. F.W. Murphy, M.B., Ch.B., M.F.C.M., D.P.H., D.T.M. & H.
Deputy Medical Officer of Health)

Disease of the Heart and Arteries	This was the largest cause of death with around 1,200 deaths during 1971. Regular exercise, moderation in diet, reduction of obesity and the stopping of cigarette smoking are required to reduce the risk of premature death or illness. Increasing attention is being paid to the significance of the balance in the diet between 'saturated' fats, mainly of animal origin, and 'polyunsaturated' fats, mainly of vegetable origin. Although not enough is known to justify a full scale campaign, it is clear that any prudent person should consider decreasing their intake of saturated fats by limiting fatty meat and fish, eggs, cream, butter, high fat cheese and using vegetable instead of animal fat for cooking.
Lung Cancer	143 men and 25 women died of this condition. If cigarettes had not been invented most of them would still be alive.
Bronchitis	142 persons died. The Council has played its part in preventing future similar deaths by creating a fully smoke free Borough, but until individual people stop polluting their own lungs with cigarette smoke a large number of preventable deaths will continue.
Accidents	<p>36 people died in road accidents, one-third of them being children or pensioners. Apart from these deaths, another 50 died in other accidents, mostly at home, and of these two-thirds were over the age of seventy-five years.</p> <p>Thus, it is largely the elderly who suffer from accidents, and many of their accidents are in the home. It is the responsibility of everyone who visits an elderly person to be on the lookout for safety hazards. The Borough Home Safety Committee has a particularly important role in drawing these matters to the attention of the public.</p>
Suicide	Every year 30 or so people living in the Borough take their own lives, and 1971 was no exception. Most of the deaths were in the 35 to 65 age range with more men than women. Threats of suicide should never be taken lightly. The rapid onset of unreasonable depression, low mood, or lowering of spirits or similar symptoms should always lead to referral to a doctor.

Infant Deaths

Sixteen children died between the end of the first month and the first birthday. Some of these deaths are undoubtedly inevitable, but throughout the country considerable investigation and research is continuing to find the basic cause of the tragically sudden and still largely unexplained "cot deaths". The incident of still births and deaths in the first week of life in Redbridge was very close to the average figure for the rest of the country.

Venereal Disease

These are the epidemic diseases of the nineteen seventies, an epidemic clearly associated with the changing life styles of the younger population, many of whom still do not seem to be aware that V.D. can cause sterility and other lifelong effects. The cause of the spread of venereal disease is promiscuity, i.e. sexual contact with a number of partners.

The problem is demonstrated by the rise in the number of cases of syphilis and gonorrhoea in each of the last five years:

Year	1967	1968	1969	1970	1971
Total number of cases of syphilis and gonorrhoea	94	121	124	171	169

The total dimension of the epidemic is shown by the additional numbers of cases of other sexually transmitted conditions, viz. "non-specific urethritis".

Year	1967	1968	1969	1970	1971
Total number of other sexually transmitted diseases	627	734	1042	1123	1289

Food Poisoning

The number of cases of dysentery and food poisoning, (notified and confirmed cases) in the Borough was less in 1971 than in the previous three years. It would be pleasant to conclude that the hard work and teaching of the public health inspectors are leading to a rise in the standards of food handling. However, this would be premature, as the cause may be no more than a random statistical variation, and the 1972 figures will be awaited with interest.

Typhoid

The one case of confirmed typhoid fever was investigated meticulously but the source was not identified with certainty, although a fleeting contact with a temporary visitor from overseas seemed the most likely origin. The patient recovered completely and there has been no suggestion of any further related cases. Our thanks are due to the relatives, shopkeepers, school staff and others who co-operated freely in a prolonged and tedious investigation.

Cholera

The spread of the El Tor type of cholera to Spain and Portugal during the year led to the need to follow up over one hundred visitors or travellers to these areas who had reported bowel symptoms. This type of unspectacular but hard work by the public health inspectors, health visitors, nurses, and laboratory workers required to protect the health of our community, is too little recognised by the general public.

Poliomyelitis

This disease, so familiar and tragic in its effects in the past, has now for all practical purposes disappeared. This happy state will only be maintained if virtually every child continues to be immunised. Any complacency could lead to disaster.

Measles

Measles traditionally shows a two year outbreak cycle, but the effects of immunisation are now beginning to be clearly demonstrated. 1971 would have been an epidemic year with two or three thousand cases, but in fact only seven hundred and eleven were reported. When protection covers around 75% of the child population the disease is likely to disappear.

It may be asked why immunisation is necessary for what is nowadays a trivial infection in most children. The answer is that although most children recover easily there has been a small but significant minority who suffer permanent or prolonged damaging effects to the lungs, hearing or brain function. Immunisation must be encouraged to prevent this happening.

Tuberculosis

The time when this disease was a great scourge, particularly to the younger adult population is over, following rises in the standard of living, the availability of very effective treatment, the reduction of overcrowding, and the introduction of B.C.G. immunisation. However, the disease is very far from being eliminated as the figures in Appendix 2 show. The

largest number of cases was in 45 to 65 year old men. The reservoir of disease probably lies in the elderly population, and anyone with a persistent cough should be encouraged to visit their family doctor who will be able to arrange a sputum test and X-ray. The mass miniature X-ray service also remains available at the Vine Church Hall each Monday morning and afternoon.

APPENDIX 1

NOTIFICATIONS OF INFECTIOUS DISEASES FOR THE YEAR 1971

NOTIFIABLE DISEASES	Number of Cases Notified At ages - Years							
	Total all ages	Under 1 year	1 - 4	5 - 14	15 - 24	25 - 44	45 - 65	65 plus
Measles	711	27	349	326	4	5	-	-
Dysentery	156	15	37	29	20	38	17	-
Scarlet Fever	95	-	34	56	4	1	-	-
Whooping Cough	74	5	30	36	1	2	-	-
Infective Jaundice	26	-	-	4	11	8	2	1
Diphtheria	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-
Acute Meningitis	5	-	2	2	-	1	-	-
Acute Encephalitis	2	-	1	-	-	1	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-
Acute Poliomyelitis... ..	-	-	-	-	-	-	-	-
Leptospirosis	-	-	-	-	-	-	-	-
Paratyphoid	-	-	-	-	-	-	-	-
Typhoid Fever... ..	1	-	-	1	-	-	-	-
Food Poisoning *	53	2	5	8	9	17	10	2
Malaria	1	-	-	-	-	1	-	-
Tuberculosis (Respiratory)	61	-	2	8	11	12	19	9
(Other Forms)	15	-	-	-	2	9	2	2
Totals	1,200	49	460	470	62	95	50	14

*Of the total (53) notified, 14 cases were confirmed.

A further case which came to the knowledge of the department, other than by Doctor's notification, was confirmed as food poisoning .

APPENDIX 2

TUBERCULOSIS

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year ...	—	—	—	—	—	—	—	—
1—4 years ...	2	—	—	—	—	—	—	—
5—14 " ...	6	4	—	—	—	—	—	—
15—24 " ...	3	8	1	1	—	—	—	—
25—44 " ...	6	6	4	5	—	—	—	—
45—64 " ...	15	4	1	1	2	1	—	—
65—74 " ...	5	—	1	—	—	1	—	—
Over 75 " ...	2	—	—	1	3	1	1	1
Totals ...	39	22	7	8	5	3	1	1

The foregoing new cases were notified from the following sources:-

	<u>Pulmonary</u>	<u>Non Pulmonary</u>
Ilford Chest Clinic ...	33	3
Wanstead and Woodford Chest Clinic ...	15	1
Whipps Cross Hospital ...	1	3
Dagenham Hospital ...	6	1
King George Hospital ...	1	1
London Hospital ...	1	1
Chadwell Heath Hospital... ..	2	1
Brompton Hospital ...	1	1
Hospital for Tropical Diseases ...	—	1
University College Hospital ...	—	1
St. Bartholomew's Hospital ...	1	—
Barking Hospital ...	—	1
Totals ...	<u>61</u>	<u>15</u>
Transfers ...	27	3

APPENDIX 2 (Continued)

	<u>Pulmonary</u>	<u>Non- Pulmonary</u>	<u>Total</u>
Number of cases on register, 1st January, 1972	765	142	907
Number of new cases entered on Register during the year	61	15	76
Number of other cases during the year	27	3	30
Totals	<u>853</u>	<u>160</u>	<u>1,013</u>
Number of cases removed from register during the year —			
Recovered	93	7	100
Deceased	20	—	20
Left District	20	1	21
Lost sight of (Return to Country of Origin)	5	—	5
Diagnosis not established	1	—	1
Totals	<u>139</u>	<u>8</u>	<u>147</u>
Number of cases remaining on register on 31st December 1971	<u>714</u>	<u>152</u>	<u>866</u>

APPENDIX 3

MASS RADIOGRAPHY

The mass radiography Unit stationed at Vine Church Hall operated on Mondays during 1971, the service is still in operation and Dr. R.S. Francis, F.R.C.P., the Medical Director, has kindly supplied the following preliminary figures relating to the period under review.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Referred by General Practitioners	1,597	1,480	3,077
General Public	2,044	1,556	3,600
Organised Groups... ..	861	2,930	3,791
Residents — Old Peoples Homes	6	11	17
Contact Groups	54	15	69
Total Number x-rayed	<u>4,562</u>	<u>5,992</u>	<u>10,554</u>

The unit also visited and x-rayed personnel of various companies and establishments within the Redbridge area.

The numbers x-rayed were	1,037	807	1,844
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VENEREAL DISEASES

Treatment received by new cases from Redbridge during 1971,
as notified by the undernoted Treatment Centres

Name of Centre	Totals	Syphilis		Gonorrhoea	Other Genital Conditions	Other Conditions
		Primary and Second	Other			
Albert Dock Hospital, Alnwick Road, E.16	14	—	—	1	3	10
Dreadnought Seamen's Hospital, Greenwich, S.E.10	2	—	—	—	—	2
Homerton Grove Clinic, Eastern Hospital, E.9	37	—	—	6	24	7
Oldchurch Hospital, Romford	251	—	2	13	147	89
Special Clinic, Queen Mary's Hospital, E.15	170	—	—	11	97	62
St. Bartholomew's Hospital, E.C.1	53	—	—	2	36	15
The Whitechapel Clinic, London Hospital, E.1	922	—	7	124	509	282
Westminster Hospital, London, S.E.1	9	—	—	3	5	1
Totals	1,458	—	9	160	821	468

APPENDIX 5

DEATH RATES FROM CANCER AND ISCHAEMIC HEART DISEASE, 1971

The following Table shows the death-rates per 1,000 population of Redbridge for 1971, compared with those for 1970.

							<u>1971</u>	<u>1970</u>
Cancer of lung and bronchus	...	...	...	...	...	...	.700	.704
Cancer, other forms	...	...	...	...	...	...	1.921	1.886
Ischaemic heart disease	...	...	...	...	...	...	2.622	2.607

APPENDIX 6

Table showing comparison between the Birth-rate, Death-rate, etc., of Redbridge, Greater London and of England and Wales for the Year 1971.

						Rate per 1,000 Population	Rate per 1,000 Total (Live and Still) Births	Rate per 1,000 Population	Rate per 1,000 Live Births
						Live Births	Stillbirths	Deaths (all ages)	Deaths under 1 year
England and Wales	...	...	...	...	...	16.0	12	11.6	18
Greater London	...	...	...	...	...	14.1	11.7	11.6	17.4
REDBRIDGE (Estimated Population – mid-1971 – 239,880)	...	...	...	...	...	14.1	13	10.8	13

Registrar-General's Short List of Deaths and Causes

Causes of and Ages at Death during the year 1971	Net Deaths at the subjoined ages of "Residents" whether occurring within or without the district											
	Total - All ages	Under 4 weeks	4 weeks & under 1 year	1 & under 5 years	5 & under 15 years	15 & under 25 years	25 & under 35 years	35 & under 45 years	45 & under 55 years	55 & under 65 years	65 & under 75 years	75 years & over
Enteritis and other Diarrhoeal Diseases ...	3	-	1	-	1	-	-	-	1	-	-	-
Tuberculosis of Respiratory System ...	10	-	-	-	-	-	-	1	2	1	2	4
Syphilis and its Sequelae ...	1	-	-	-	-	-	-	-	-	1	-	-
Other Infective and Parasitic Diseases ...	2	-	1	-	-	-	-	1	-	-	-	-
Malignant Neoplasm, Buccal Cavity etc. ...	4	-	-	-	-	-	-	-	-	4	-	-
Malignant Neoplasm, Oesophagus ...	11	-	-	-	-	-	-	-	1	-	9	1
Malignant Neoplasm, Stomach ...	63	-	-	-	-	-	1	-	2	15	18	27
Malignant Neoplasm, Intestine ...	77	-	-	-	-	-	-	3	7	12	26	29
Malignant Neoplasm, Larynx... ..	3	-	-	-	-	-	-	-	-	2	-	-
Malignant Neoplasm, Lung Bronchus ...	168	-	-	-	-	-	-	1	10	63	62	32
Malignant Neoplasm, Breast... ..	84	-	-	-	-	-	-	7	12	24	19	22
Malignant Neoplasm, Uterus... ..	9	-	-	-	-	-	-	-	3	4	-	2
Malignant Neoplasm, Prostate ...	24	-	-	-	-	-	-	-	-	-	9	15
Leukaemia	14	-	-	-	-	-	-	1	2	2	5	4
Other Malignant Neoplasms	172	-	-	3	-	1	2	2	16	38	64	46
Benign and Unspecified Neoplasms ...	7	-	-	-	-	1	-	1	-	3	2	1
Diabetes Mellitus	20	-	-	-	-	-	-	-	3	1	9	7
Avitominoses, etc.	1	-	-	-	-	-	-	-	-	-	1	-
Other Endocrine etc. Diseases ...	12	-	-	-	1	-	1	-	2	1	2	5
Anaemias	4	-	-	-	-	-	-	-	-	-	-	4
Other Diseases of Blood, etc. ...	2	-	-	-	-	-	-	-	1	-	-	1
Mental Disorders	21	-	-	-	-	-	1	-	1	3	1	15
Multiple Sclerosis	3	-	-	-	-	-	-	-	2	-	1	-
Other Diseases of Nervous System ...	18	-	-	-	2	1	-	-	1	2	4	8
Chronic Rheumatic Heart Disease ...	31	-	-	-	-	-	-	1	2	8	12	8
Hypertensive Disease	48	-	-	-	-	-	-	-	3	3	11	31
Ischaemic Heart Disease	629	-	-	-	-	-	1	5	51	125	211	236
Other Forms of Heart Disease ...	113	-	-	-	-	1	-	2	2	9	18	81
Cerebrovascular Disease	321	-	-	-	-	-	2	3	11	28	85	192
Other Diseases of Circulatory System ...	89	-	-	-	-	-	-	-	4	14	17	54
Influenza	1	-	-	-	-	-	-	-	-	-	-	1
Carried Forward	1,965	-	2	3	4	4	8	28	139	363	588	826

APPENDIX 7 (continued)

Causes of and Ages at Death During the year 1971	Net Deaths at the subjoined ages of "Residents" whether occurring within or without the district											
	Total - All ages	Under 4 weeks	4 weeks & under 1 year	1 & under 5 years	5 & under 15 years	15 & under 25 years	25 & under 35 years	35 & under 45 years	45 & under 55 years	55 & under 65 years	65 & under 75 years	75 years & over
Brought Forward	1,965	-	2	3	4	4	8	28	139	363	588	826
Pneumonia	296	-	4	1	-	-	-	4	4	20	55	208
Bronchitis and Emphysema	142	-	-	-	-	-	-	-	6	20	41	75
Asthma	9	-	-	-	1	2	1	2	1	2	-	-
Other Diseases of Respiratory System ...	15	-	2	-	-	-	-	1	-	3	3	6
Peptic Ulcer	13	-	-	-	-	-	-	-	-	3	3	7
Intestinal Obstruction and Hernia	18	1	1	-	-	-	-	-	-	1	4	11
Cirrhosis of Liver	12	-	-	-	-	-	1	-	2	1	3	5
Other Diseases of Digestive System	20	-	-	-	-	-	-	-	1	2	3	14
Nephritis and Nephrosis	9	-	-	-	-	-	-	1	-	3	2	3
Hyperplasia of Prostate	3	-	-	-	-	-	-	-	-	-	1	2
Other Diseases, Genito-Urinary System ...	20	-	-	-	-	-	-	-	1	1	8	10
Diseases of Musculo-Skeletal System ...	9	-	-	-	-	-	-	1	-	2	1	5
Congenital Anomalies	14	3	5	-	3	1	-	1	-	1	-	-
Birth Injury, Difficult Labour, etc.	10	10	-	-	-	-	-	-	-	-	-	-
Other Causes of Perinatal Mortality	13	13	-	-	-	-	-	-	-	-	-	-
Symptoms and Ill Defined Conditions	18	-	2	-	-	-	-	-	-	-	1	15
Motor Vehicle Accidents	36	-	-	1	3	6	1	6	4	3	7	5
All Other Accidents	50	-	-	-	-	3	2	2	4	4	3	32
Suicide and Self-Inflicted Injuries	27	-	-	-	-	3	2	6	6	7	2	1
All Other External Causes	4	-	-	-	-	3	-	-	1	-	-	-
TOTALS - All Causes	2,703	27	16	5	11	22	15	52	169	436	725	1,225

GENERAL SERVICES

GENERAL SERVICES

Mass
Radiography

The following figures show the attendances and results during the operation of the Mass Radiography Unit in 1971 at Vine Church Hall:-

	General Practitioners		General Public etc.		Total
	Male	Female	Male	Female	
Referalls X-rayed	1,597	1,480	2,965	4,512	10,554
	<u>Male</u>		<u>Female</u>		
Found to require further investigation from all sources	146		99		245
Number in which significant Tuberculosis discovered and requiring immediate treatment.	6		2		8

Amongst other abnormalities discovered were:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant Neoplasm in Thorax –			
Primary	22	3	25
Secondary	–	–	–
Sarcoidosis	2	3	5
Acquired abnormalities of the heart and vascular system	11	6	17
Pneumoconiosis (of which 3 were asbestosis)	–	1	1
Bacterial and virus infection of lung	18	15	33
Pulmonary Fibrosis (not T.B. or Industrial)	7	6	13
Abnormalities of the Diaphragm and Oesophagus	–	2	2
Pleural Effusion (Non-Tuberculous)	1	1	2

Massage and
Special
Treatment

Registration and supervision of premises used for the treatment of persons under Part IV, Essex County Council Act, 1933 continued. 2 new applications were approved, 2 ceased registration, leaving 37 such Establishments as before. All premises were visited and inspected by a medical officer or senior public health inspector and conditions found satisfactory. These premises are listed in Appendix 8.

Nursing
Homes

The 4 Nursing Homes in the Borough continue to be inspected regularly, more frequent visits being paid to the Park Clinic, a Surgical Nursing Home also registered with the Department of Health and Social Security under the Abortion Act 1967. All premises and conditions have been found satisfactory.

<u>Nursing Home</u>	<u>Address</u>
Marie Celeste	15/17 Sunset Avenue, Woodford Green
Lady Jane	69 Woodford Avenue, E.18
St. Anne's	14 Cambridge Park, E.11
The Park Clinic	14 Seagry Road, E.11.

Nurses Agencies

An application for registration of a new Nurses Agency in the Clayhall area was approved after initial visits. The Borough now has 2 such Agencies both inspected regularly by a medical officer.

<u>Nurses Agency</u>	<u>Address</u>
Nurses Agency (East London)	3A Station Bridge, Seven Kings.
Ring-Us London and Ilford Nursing Association	344A Fullwell Avenue, Clayhall.

Medical Examination

The arrangements for medical examination of new staff where required and other staff where a determination of fitness or otherwise for their duties was necessary were continued during 1971 and the following table summarises the numbers and categories so examined:-

1. Medical assessments	... ..	1,309
2. Medical examinations of new staff:-		
Staff	... ..	277
Teachers	... ..	89
Students	... ..	262
Other Authorities...	... ..	22
Total number of medical examinations		<u>650</u>
3. Staff referred for medical opinion on account of sickness, disability, or other medical grounds		
Health	... ..	2
Social Services	... ..	12
Borough Engineer...	... ..	31
Chief Education Officer	... ..	19
Borough Architect...	... ..	1
Housing	... ..	3
Treasurers	... ..	1
Libraries...	... ..	1
Town Clerks	... ..	4
		<u>74</u>

MASSAGE AND SPECIAL TREATMENT ESTABLISHMENTS

Treatment Carried Out	Number of Premises Licensed
A. Massage and other treatment	11
B. Chiropody	15
C. Chiropody and Massage	7
D. Physiotherapy	3
E. Hair and Scalp Clinic	1

List of Establishments for Massage and Special Treatment licensed as at 31.12.1971:—

Name	Premises Licensed	Treatment Carried Out (See Table above)
1. Baruch, L.	6a, Goodmayes Road, Ilford.	B
2. Baxter, R.N.	85, Berkeley Avenue, Ilford.	D
3. Beckett, Miss E.M.	27, Madeira Grove, Woodford Green.	A
4. Broster, J.	130, Cranbrook Road, Ilford.	A
5. Camp T/A Seabrooks	6, Clements Road, Ilford.	A
6. Coplen, V.F.	32, Denham Drive, Ilford.	B
7. Farrell, T.E.	12, Forest Approach, Woodford Green.	B
8. Forster, E.M.	3, Wanstead Place, E.11.	B
9. Foulkes, G.L.	27, York Road, Ilford.	A
10. Gibson, Mrs. M.	50, Kings Avenue, Woodford Green.	B
11. Gresham, Mrs. F.E.	116, Beattyville Gardens, Ilford.	A
12. Hagan, V.	7, Cambridge Park, Wanstead, E.11.	B
13. Hyam, G.D.	21/23, York Road, Ilford.	B
14. Jardine, K.L.	67, Clayhall Avenue, Ilford.	C
15. Jardine, K.L.	119, Eastern Avenue, Ilford.	B
16. Johnstone, M.E.	75, The Drive, Ilford.	D
17. Jones, E.V.	9, Brook Road, Ilford.	B
18. Langley, J.W.	805, Cranbrook Road, Ilford.	C
19. Langley, Mrs. J.	121, Belgrave Road, Ilford.	C
20. Leavesley, Mrs. J.	19, Grays Corner, Eastern Avenue, Ilford.	C
21. Leary, E.	30, Broomhill Road, Woodford Green.	A
22. Mackenzie, Miss A.S.	45, Hollybush Hill, Wanstead, E.11.	A
23. Morris W.P.	46, Ranelagh Gardens, Ilford.	A
24. Pearce, G.S.	238, Balfour Road, Ilford.	B
25. Roberts, R.N.	80, Snakes Lane, Woodford Green.	B

APPENDIX 8(continued)

Name	Premises Licensed	Treatment Carried Out (See Table above)
26. Roberts, R.H.	503, Cranbrook Road, Ilford.	B
27. Sadowski, R.	22, Alloa Road, Ilford.	B
28. Scholl Manufacturing Co. Ltd.	172, Cranbrook Road, Ilford.	B
29. Skipper, Mrs. A.M.	20, Seagry Road, Wanstead, E.11.	D
30. Souster Bros. Ltd.	8, Clements Road, Ilford.	C
31. Stevens, B.J.	153, Wellesley Road, Ilford.	E
32. Stonnill, Mrs. T.E.	10, The Shrubberies, E.18.	C
33. Teager, D.P.G.	85, Sunnymede Drive, Ilford.	A
34. Travers, I.J.	11, Grove Crescent, E.18.	A
35. Turner, R.T.	60, Fairfield Road, Ilford.	C
36. Warren & Grinstead Ltd.	53/57, Eastern Avenue, Ilford.	A
37. Weinberg, J.	11, Queenborough Gardens, Ilford.	B

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21

Health Centres

SECTION 22

Care of Mothers and Young Children

The Community
Nursing Services

SECTION 23

Midwifery

SECTION 24

Health Visiting

SECTION 25

Home Nursing

SECTION 26

Vaccination and Immunisation

SECTION 28

Prevention, Care and After Care

NEWBURY PARK HEALTH CENTRE

- Plate 1. Front Exterior View
- Plate 2. Main Reception Area.
- Plate 3. Case Conference – Staff Common Room
- Plate 4. Minor Operations Room
- Plate 5. Dental Surgery
- Plate 6. A General Practitioner's Surgery
- Plate 7. Children's Playroom

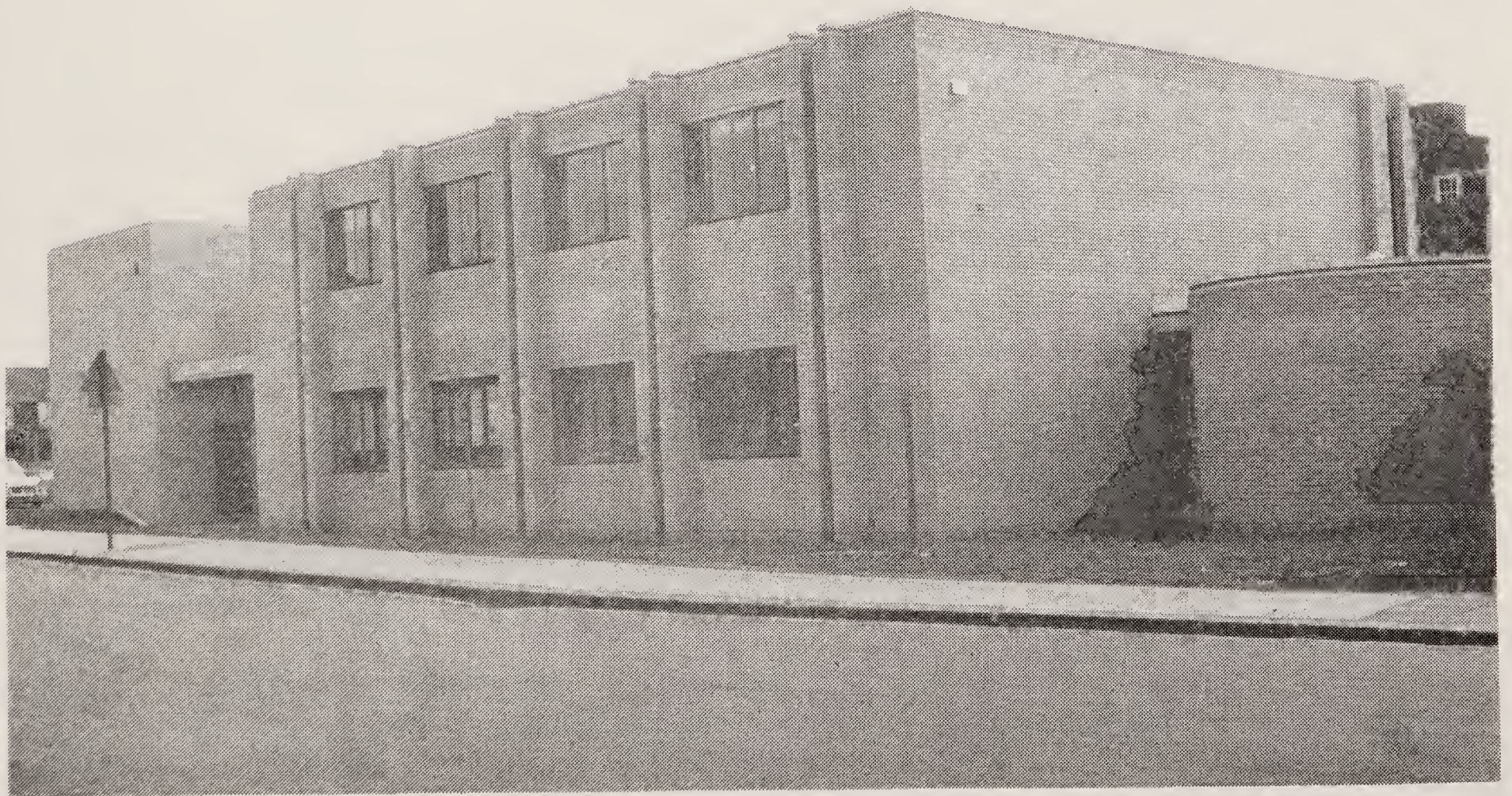


PLATE 1.



PLATE 2.



PLATE 3.

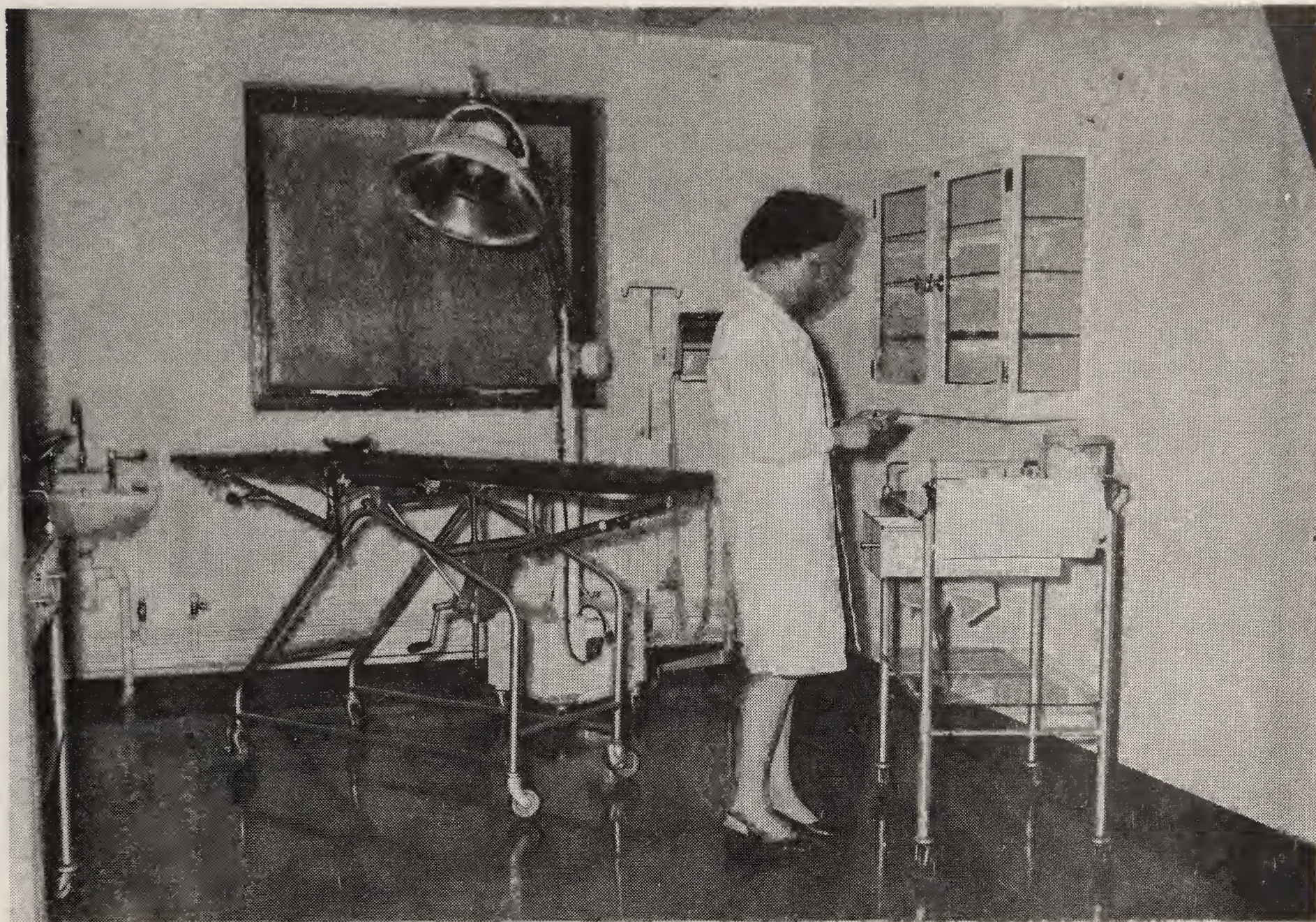


PLATE 4



PLATE 5

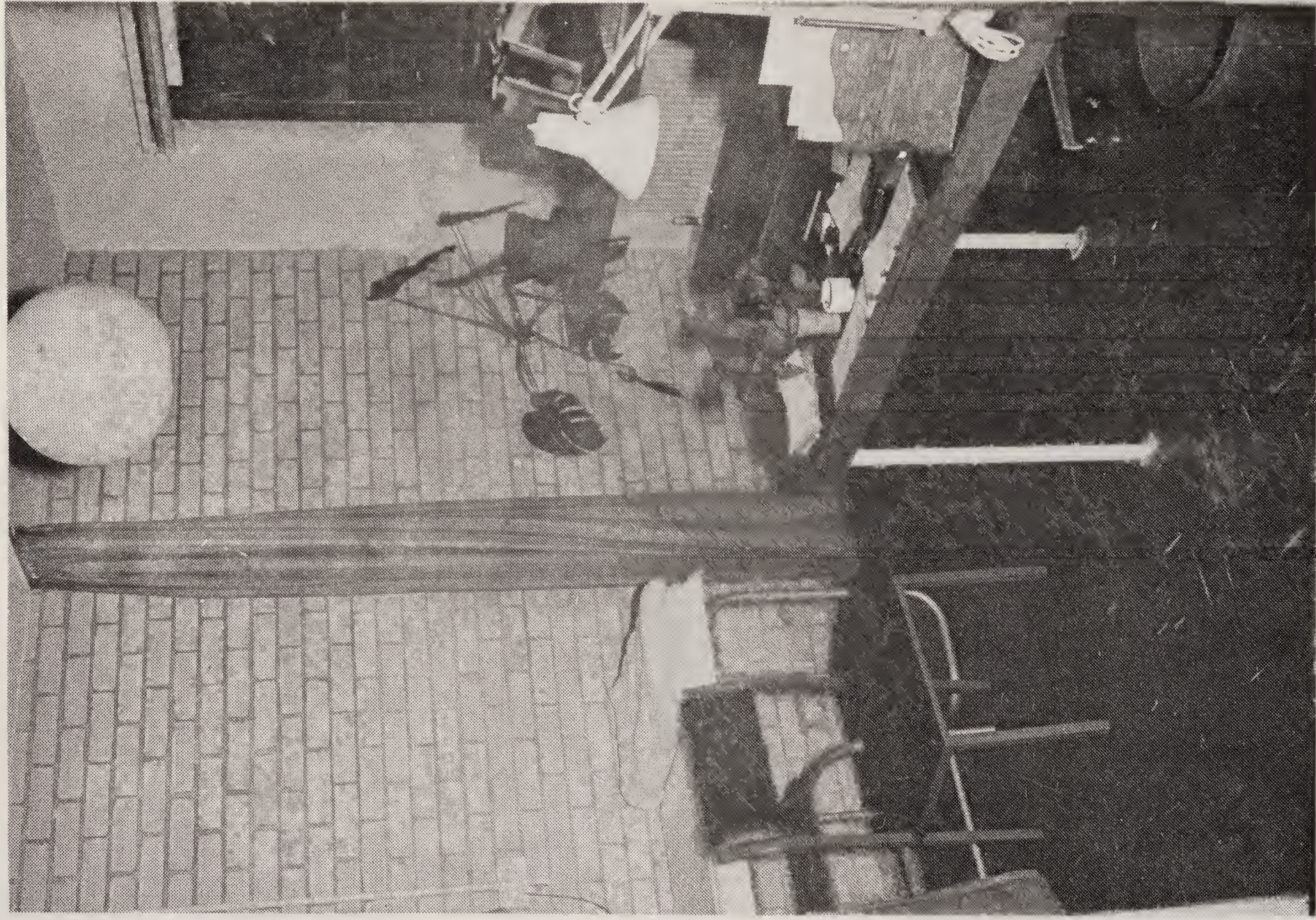


PLATE 6



PLATE 7

SECTION 21 – HEALTH CENTRES

(F.W. MURPHY, M.B., M.F.C.M., D.P.H., D.T.M. & H.
Deputy Medical Officer of Health)

Progress in
1971

The Borough's first health centre at Newbury Park, was completed during the year. Detailed planning proceeded on the further centres to be constructed in Seven Kings, Woodford and Fullwell Cross.

Newbury Park
Health Centre

The essential purpose of a health centre is the fusion of general practice with local authority health services including health visiting, midwifery, district nursing, children's dentistry, chiropody and health education. A purpose-built structure also allows adequate reception and secretarial assistance to be provided and the development of new therapeutic or preventive clinics.

This does not mean, however, that the personal relationship between each individual patient and his or her own family doctor is affected in any way. Patients attending health centres see their own doctor, normally by appointment, in complete privacy. If necessary, they are able to see the other staff working in the health centre during the same visit. Antenatal and child health clinics can be run jointly between doctors and nurses, instead of separately at surgery and clinic.

A health centre can also act as a focus for the co-ordination of health with social services, enabling more comprehensive support to be provided for the elderly, chronically sick, disabled and handicapped.

The building was handed over on December 7th, 1971 and was functional from 2nd January, 1972, after the usual rush of meetings, discussions and urgent problems associated with the completion and equipping of a new building.

The construction of a footpath linking to the underpass on Eastern Avenue, alongside King George Hospital and the installation of direction signs, helped to ensure adequate access.

The initial staff of the centre consisted of six family doctors, three health visitors, three district nurses, two midwives, two chiropodists, a dental surgeon with dental nurse, one filing clerk, two clerk/telephonists, four receptionists, two secretaries and an administrator.

Seven Kings Health Centre The centre will be constructed on the ground to the south side of Seven Kings station. This site presents considerable architectural problems which have been successfully overcome and construction of the two level building (with a lift) should commence in 1972/73.

Four general practitioners are proposing to come into the centre, together with health visitors, nurses, chiropodists, reception and clerical staff.

High Road, Woodford Health Centre This centre, although a separate building, is being built as part of a complex scheme including housing, library, certain offices and a car park. Construction is due to start in 1972/3 and at present three general practitioners are due to move in. The child health clinic now held in St. Mary's Memorial Hall will transfer to the new centre, although the flourishing mothers' group will doubtless continue in the same building.

Fullwell Cross Health Centre A basic plan similar to the Newbury Park centre, but amended in detail in the light of experience, has been agreed with the four doctors due to move in. Construction is scheduled to commence in 1973.

SECTION 22 – CARE OF MOTHERS AND YOUNG CHILDREN

(J.K. ANAND, M.B., B.S., M.F.C.M., B.Sc., L.S.M.F., D.P.H.)

General The following services are provided under this section of the National Health Service Act 1946.

Child Health Centres

Toddler Clinics

Hearing Tests – in clinics and by home visits

Sale of welfare foods and nutrients

Dental services for expectant and nursing mothers and young children

Convalescence for mothers and young children

Ante-natal and post-natal clinics and relaxation classes for expectant mothers

Day Nursery placement on medical grounds

Family Planning (through the agency of the Family Planning Association)

The services are provided largely in the local authority premises (8 in number) and in rented accommodation (15 in number).

During the year there were 2,885 live births and 34 still births notified as having occurred in the borough. However, the number of live births to the residents of the borough as supplied to the registrar was 3,294.

62 congenital abnormalities were notified to the Registrar General, details of which are shown in Appendix

Day Nurseries

10 free places are available for children to be admitted to the local authority-run Day Nurseries on medical grounds. The need, however, is great and it would be beneficial if the number of free places were raised to 15.

The management of the Day Nurseries has of course passed in to the hands of the Department of Social Services. A medical officer of this Department examines the children on admission and also, as required, during the children's stay in the nursery.

Family Planning

The Family Planning Association has continued to act as agents for the Council in providing their services within the framework of the Council's policy. During the year under review 123 cases were financially assisted by the Council.

The Observation Register

Dr. Joan M. Pooley, M.B., B.S., M.F.C.M., D.C.H., Senior Medical Officer reports as follows:—

During 1971 the "At Risk" (Observation) Register was continued as in the previous five years for the routine surveillance and examination of all infants born in the 12 months 1.1.71 – 31.12.71. Any adverse genetic, pre-natal, peri-natal or post-natal factors were noted as before, on the medical record card and factor form for each infant.

At the same time discussions and plans were proceeding concerning the gradual discontinuation of the "At Risk" Register as such and the instigation of a comprehensive observation scheme which would continue to make use of the information and experience gained during the five year study of the "At Risk" concept.

The following tables show an interesting analysis of the number of infants considered to be "At Risk" and therefore placed on the "At Risk" Register, compared with the number of infants actually notified as being "handicapped" – either physically or mentally.

	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1969-71</u> <u>inclusive</u>
Total No. of infants notified as handicapped	67	88	78	509
Total No. of handicapped infants on the "At Risk" Register	32	50	34	149
= %	47.7%	56.8%	43.6%	29.3%
Corrected No. of births	3,098	2,890	2,885	
Total No. of children on the "At Risk" Register	934	840	605	
% of live births considered "At Risk"	20.9%	30.3%	30.1%	
% of live births notified as handicapped -	2.16%	3.04%	2.7%	
	<u>1969</u>	<u>1970</u>	<u>1971</u>	
No. of children admitted to the "At Risk" Register during:—	934	840	605	
No. of children removed from "At Risk" Register during:—	342	353	450	

From these figures it can be seen that:—

1. Just less than 50% of the total number of children known to be, and notified as handicapped had been previously noted as being at risk of handicap.
2. Although approximately 30% of all live births were considered to be "At Risk", in fact only 2.5 – 3% of these births were subsequently found to be handicapped.

These conclusions continue to support the view expressed by Richards & Roberts (Lancet 2, 711, 1967):—

"The 'At Risk' concept is an unsound basis for the detection of handicapping disorders; there is no alternative to the clinical examination of all infants in the neonatal period, their screening for metabolic and auditory defects at the proper ages and the careful observation developmental progress of every infant by doctors, supported by health visitors."

This does not mean however that the system of special observation of certain infants should be abandoned, nor should the importance of noting the occurrence of any one of the high risk factors relevant to the genetic pre-natal, peri-natal or post-natal periods be under-estimated. It is the "At Risk" Register as such which has proved to be an incomplete method of detecting and following up the handicapped child.

The noting of any relevant high risk factor on to the infants medical record card will continue to be invaluable in adding to the alertness and clinical acumen of both physician and health visitor.

A more positive "Comprehensive Observation Scheme" has been operating in this borough since January 1st, 1972. This had involved considerable thought and study concerning its construction, adaptability and potential.

The scheme is based on the following criteria:—

- I. Routine examination of every neonate.
- II. The completion by the Health Visitor or Midwife of a revised concise form of "Adverse Factors which may place a child 'At Risk' of Handicap". This is carried out in conjunction with the hospital discharge sheet or domiciliary case summary. The Adverse Factor Form is divided into two sections:—

1. High Risk or "Alerting" Factors
2. Clinical Factors.

This second section is completed or added to by the health visitor or examining doctor when and if any clinical abnormality is detected.

- III. Routine regular examination (as before) every infant either at the Child Health Centre, or by the General Practitioner at his own clinic. The information gained through the Adverse Factor Form is noted on the record card of every infant as a means of "alerting" the examining medical officer.
- IV. Those infants with positive clinical findings are booked for Special Observation as opposed to Routine Observation and may eventually be registered as Mentally or Physically Handicapped. If the clinical abnormality is transient however the infant will in due course be re-booked for routine observation at the appropriate age levels.
- V. In all cases the information recorded on the Child Health Record card is transferred to the School Medical Folder when the child is seen for its pre-school examination at the age of 4½ years. This should eventually ensure maximum continuity of follow-up.

Obviously no scheme is foolproof but with the rapidly increasing liaison and co-operation between General Practitioner, Health Visitor, Midwife, Clinic Medical Officer and Hospital Paediatrician plus an expanding screening net, child health and development can only continue to improve, and earlier diagnosis of pre-school problems or handicaps is facilitated.

The value of the study of developmental paediatrics is recognised and established. It is also important however that a balance be maintained to avoid unnecessary parental concern which can result from over-enthusiastic follow up examinations.

Dental Treatment

The provision of dental services to expectant and nursing mothers and to children under the age of 5 is reported on by Mr. E.V. Haigh, Principal Dental Officer –

Pre-School Children

The aim of the service to inspect and treat as many under five-year old children as possible continued with satisfying results. There has been a steady rise in the number seen over the past few years. Since 1969 a colourful three year old birthday card has been sent to all known children on their birthday. These cards have a small amount of dental health education and urges the parent to arrange a dental inspection for their child either from the local authority or from a private practitioner. If an inspection is wished for at a clinic a pre-paid reply card is attached. On receiving the card an appointment is sent to attend the nearest clinic. The percentage accepting inspection is 9% and although this may seem low it must be realised that more will have gone to their general practitioner as a result of this card. It has also helped to bring younger and older children in a family under dental care, so really the percentage is much higher.

I would like to thank all medical officers, health visitors, clinic nurses, Health Education Officer and staff for their assistance in trying to encourage more of these children to be under regular dental care.

The treatment of small children can be very time consuming. However, it is most satisfying when they become regular attenders and lose the fears of visiting the dentist that so often have been given to them by their parents. It is amazing how often parents insist on telling you most horrifying tales of their own dental experiences in front of their child. It is not surprising that they enter the surgery in a state of nerves expecting

similar treatment. There are unfortunately still many parents who think that deciduous teeth are not important and so there are still many neglected mouths.

The use of a dental auxiliary at Kenwood Clinic continued to be of great value in treating young children. They seem to have considerable patience and their friendly manner seems to win them over.

The following table comparing 1961 and 1971 I feel shows that in the past ten years dental health education has had a marked effect on the parents in this borough.

	<u>Examined</u>	<u>Requiring Treatment</u>	<u>% Requiring Treatment</u>
1961	196	186	95%
1971	1,169	835	71%

Expectant and Nursing Mothers

The demand for treatment by expectant and nursing mothers has decreased over the past twenty years. This is due to the fact that most of them are being treated by the general dental service prior to the ante-natal or post-natal care and as such prefer to continue with the dental surgeon of their choice.

Many of the mothers that do attend the local authority dental clinics however are the ones that do not attend a dentist regularly and as such they often need a considerable amount of treatment to make them dentally sound. They are also more nervous and difficult to treat.

Specialist Clinics

Specialist clinics for orthopaedic, ophthalmic, ear, nose and throat and speech defects were held and details of attendances of all children are shown on pages 62 - 66.

Recuperative Holidays

During 1971 one application was received for a recuperative holiday for mothers with young children. This was granted for two weeks for the mother and three children.

THE COMMUNITY NURSING SERVICES (Sections 23, 24 and 25)

(ANNE LINDSEY, S.R.N., S.C.M., Q.I., H.V., H.V. & Reg. Nurse
Tutors Cert. – Director of Nursing Services)

In any community the contribution of nursing must be viewed in the context of health services as a whole and with the prospective unification of the National Health Service in mind it was decided to examine the need of the area and to assess how best the community nursing services should be re-organised.

A simple nurse staffing structure with a minimum number of management grades has been prepared and approved by the Secretary of State and will be implemented in April 1972. Preparations are being made to re-shape the community nursing services to meet the new demands of a re-organised Health Service and also to bridge the inevitable gap, which has arisen between the health and social services. In April 1970 the Local Authorities Social Services Act took effect and certain functions previously under the control of the Medical Officer of Health were transferred to the Director of Social Services. The transfer has perhaps gone more smoothly than in most Boroughs, helped no doubt by the fact that the two Departments share a common Combined Administrative Section under the leadership of the Chief Administrative Officer. Unfortunately, at field level some difficulties have resulted from the Seeborn Policy that social workers should be generic and work in teams on a geographical basis. At present health visitors work from clinics or the health centre and district nurses and midwives are "attached" to general practitioners. This makes it very difficult to achieve team spirit among all the social workers, health visitors, district nurses and midwives and to cut out duplication of work. It is much easier for people to work together if they know each other and are fully aware of the functions of themselves and their colleagues. We therefore decided to use the same area boundaries as the social work teams for the community nursing service, but still retain the close relationship established with the general practitioners and hospitals within these groups. The four areas are approximately of equal size and the regrouping of the community nursing services will have the advantages of the staff being in closer contact with colleagues, working in an area where distances are not too vast and where we are able to get to know the community we serve, yet having the benefit of being part of a bigger administrative unit. There is

ample evidence to demonstrate the advantage of integrating health visitors, district nurses and midwives. The principle benefits are a more rational use of manpower through work-sharing and delegation and a degree of cohesion and patient care not attainable earlier. The availability both of money and manpower is unlikely to increase appreciably, and so it follows that improvements in results can only be achieved by better deployment of the available resources. Nurses are aware of the need for the closest possible local co-operation between all the health services, so that a pattern of co-ordinated patient care from home to hospital and back to the patient's home can be realised. Progressive patient care requires the development of a co-ordinated pattern of services on a community basis. Such a pattern should be based on the patient's need and well-being, whether he is in hospital or in his home environment. But good management is not an end in itself. Of paramount importance are the services provided day-to-day by the individual district nurses, midwives and health visitors.

SECTION 23 – MIDWIFERY

Domiciliary Confinement

There were 2,885 live births and 34 still births to Redbridge mothers in 1971 and of these 370 were born at home making a home confinement rate 12.5. There were no maternal deaths recorded among either hospital or home confinements.

Report of Supt. of Midwives and District Nurses

Miss M.A. Potter, Superintendent of Midwives and District Nurses, reports as follows on the Domiciliary Midwifery Service –

PLACE OF BIRTH	QUARTER ENDING							
	31.12.71		30.9.71		30.6.71		31.3.71	
	Live	Still	Live	Still	Live	Still	Live	Still
Hospitals	581	2	590	8	653	9	689	15
Nursing Home ...	—	—	—	—	—	—	—	—
At Home	64	—	79	—	111	—	118	—
	645	2	669	8	764	9	807	15

ANTE-NATAL CLINICS	HOSPITAL BOOKING				DOMICILIARY BOOKING			
	QUARTER ENDING				QUARTER ENDING			
	31.12.71	30.9.71	30.6.71	31.3.71	31.12.71	30.9.71	30.6.71	31.3.71
No. of sessions held during the quarter...	158	172	148	154	200	198	215	212
No. of patients attending for 1st time this year ...	399	437	348	832	91	60	61	500
Total No. of attendances	3,514	3,543	3,433	3,522	1,321	1,410	1,474	1,718

Maternity Hospital Discharges before 10th day — 1,199

Maternity Hospital Discharges before 3rd day — 510

Midwives Liaison Scheme with General Practitioners

This scheme, whereby the domiciliary midwifery sister works in close liaison with the General Practitioner has continued to bring about improved communications and continuity of ante-natal care.

Provision of General Practitioner Beds at Barking Hospital

In December of 1971 it was agreed that the domiciliary midwife could deliver suitable patients in Barking Hospital and it is hoped that the number of patients to take advantage of this scheme will increase considerably during the coming year.

Training of Student Midwives

A total of 37 midwives from Ilford Maternity Hospital and Barking Hospital undertook their domiciliary midwifery training in Redbridge during 1971. All were successful in the Central Midwives Board examination.

Refresher Courses

4 midwives attended 1 week's statutory refresher course and 3 attended our study day on obstetric care.

SECTION 24 – HEALTH VISITING

Staff

At the end of the year there were 35 Health Visitors (including 8 part time) 12 State Registered Nurses (including 2 part time) and 4 Tuberculosis Visitors (including 1 part time) employed in the Borough, in addition to the Superintendent Health Visitor. The table in Appendix 12 shows the number and type of visits made.

Miss J. Oliver, Superintendent Health Visitor, reports:—

Report of
Supt. Health
Visitor

Much of the good work done in this section has come from the health visitors themselves, from discussion at regular staff meetings. New ideas are always welcome and time saving suggestions and complaints have all been discussed for improvement of the service.

Our liaison with the midwifery hospital and the midwifery staff of the local authority has been closer because the pupil midwives started in September following up three cases each for the purpose of their new training syllabus. This involves the health visitor in a visit to the house with the pupil.

Following the involvement of the public health inspectors in taking certain types of swabs for laboratory purposes, it was decided in February that health visitors should share this work. Also, that we should follow up immigrants from the Port Authorities. The health visitor is thus able to meet a family with young children and give advice about the services. Many visits are wasted as certain houses are used for one night stops. New ideas for dealing with cases under Section 47 of the National Assistance Act have been put into practice so that if a health visitor is concerned particularly about an elderly person, a confidential dossier is available to the visiting doctor.

The Social Services Department continue to deal with many of the burdens we once held and the staff are grateful.

We continue to assist with the training of many of our professional colleagues and also other types of students.

Staff have had opportunity to attend conferences and day courses, coming back to pass on knowledge gained to their colleagues.

Statistics for health visiting purposes were changed this year. This should enable the Department of Health and Social Security to have a wider idea of the work covered.

Reports from
Centre Supts.

Manford Way Child Health Clinic

Once again we are in the process of redevelopment within the area when eventually 450 families will be housed where the "prefabs" once stood. This will increase the numbers attending the clinic and cause increased demands on staff and services. Already one site is well under way.

Numbers at present attending the clinic remain constant. Pre-school medicals continue to be well attended.

Social contacts established last year between the secondary schools and the area may have to be curtailed due to a change in the curriculum to allow for the extra year at school. It is hoped that some contact will remain.

Mayesbrook Child Health Clinic

Our neighbourhood clinic at South Park, although running their own "Mothercraft and Relaxation" Classes has in no way lessened our own services and in fact we are now running once again two classes per week. The Maternity Hospital at Barking, which many of the mothers use, are pleased to know that such services are available.

Modern stresses are quickly realised by Health Visitors who have opportunity to work and visit on the area and get to know their families. Miss Coleman, Health Visitor, has encouraged a group of mothers to form a club, using the clinic premises. This has become so popular that they are now looking for a larger hall. Activities have an educational bent and range from highbrow discussions, to tapestry, pewter work and "keep fit" classes.

Wanstead Place Child Health Clinic

This is a very active clinic and we are lucky that the staff have remained stable. The work shows in the high percentage of well attended clinics. Prospective parents have been assisted by having films and discussions in the evening.

Although the church halls are very active within the area as Child Health Clinics, the building of a new Health Centre is something to look forward to.

The Memorial Hall Child Health Clinic is still a hive of community activity – assistance from the voluntary helpers plus a suitable range of sturdy play toys, does much to establish a friendly spirit amongst the children and mothers.

Deserving a mention, although it is in its early days yet, is a play therapy group at Wanstead Place, who want to help children who are unable to communicate. The group also involves those children who receive little stimulation at home. It was started because a need was discovered and is bound to benefit the children before they enter school.

Madeira Grove Child Health Clinic

Established activities, together with the Mothers' Club, have almost 100% attendances. The Mothers' Club branched out this year and started "Keep Fit" classes weekly at Ray Lodge School. Health visitor students are now regularly undertaking their practical training from this clinic. The Broadmead Estate continues to be supported by one part time Health Visitor and problems abound. Because of this, social and medical conditions have been difficult to separate and working with the Social Services Department for the good of the community has been important.

Many young mothers work in local factories in the evening to earn extra money – this practise does not necessarily promote marital happiness.

The health visitor is accepted by the residents and 95% of all visits made are the results of requests for help or advice. The elderly, house-bound, are included in the visiting, many requests coming via the General Practitioners; also the local Luncheon Club is co-operative if they feel the elderly need help they will telephone. The fellowship amongst the elderly is beginning to thrive and they are beginning to help one another and the elderly who live outside the estate are now coming in and mixing. The playgroup for the under-fives also helps the community spirit.

South Park Child Health Clinic

Mothercraft and relaxation classes have now started in this clinic and attendance is good.

The normal sessions are busy and a good standard of child care is established thus helping to make the centre part of neighbourhood amenity. After the many upheavals, changes, and floodings of the first three years, it is pleasant to have had a smoother period.

Mrs. Gadd, Centre Superintendent has now attended the Assessors Course and has been able to assist with the training of student health visitors during their last three months of practical work.

Kenwood Gardens and Heathcote Child Health Centres

These two clinics are running smoothly. The area around Kenwood has been slightly altered. The erection of Newbury Park Health Centre made certain boundary adjustments necessary from January 1972, when the new centre was opened.

SECTION 25 – HOME NURSING

Home Nursing Service

Miss M.A. Potter, Superintendent of Midwives and District Nurses reports as follows on the Home Nursing Service:—

The Home Nursing establishment at the end of the year consisted of:—

- 39 full-time (including 4 male nurses) State Registered Nurses
- 3 full-time State Enrolled Nurses
- 1 full-time Nursing Care Attendant
- 6 part-time Nursing Care Attendants

STATISTICS OF VISITS:—

	QUARTER ENDING			
	31.12.71	30.9.71	30.6.71	31.3.71
Number of cases visited for the first time this year	1,453	939	1,128	1,847
Patients treated in General Practitioners surgeries	2,188	1,655	1,556	1,628
Patients on the books at the end of the quarter	1,002	986	863	796
Total visits made to all cases	24,905	20,412	20,998	19,123

- Visits to patients aged under 5 years — 505
- Visits to patients aged 5 years and under 65 years — 18,895
- Visits to patients aged 65 years and over — 66,038
- Visits to patients aged 65 years and over (by Nursing Care Attendants) — 6,125

Geriatric Nursing

The above figures show that a large portion of the district nursing service is involved in nursing the elderly person in their home.

The nursing care attendants undertake lesser responsibilities. This enables the trained nurse to visit and treat patients in the general practitioners' surgeries and to communicate with the hospital service.

General
Practitioner
Attachment

The result of these attachments continues to improve the standard of patient care. The number of patients treated at the general practitioners' surgeries has increased and does not include immunisation sessions.

Study Days

Nurses were able to attend the following:—

London Borough Training Committee

Ageing process and chronic illness
Coronary after care
Dan Mason report

Queen's Institute of District Nursing

Multiple Sclerosis
Family stress

Newham School of Nursing

Separation and bereavement
Varicose ulcers

Marie Curie Memorial Foundation Study Day on Cancer

Claybury Hospital

6 nurses attended Claybury Hospital for a course in psychiatric experience.
Individual nurses gained experience on the various wards.

SECTION 26 – VACCINATION AND IMMUNISATION

Vaccination
and
Immunisation

The statistics appertaining to immunisation appear in Appendix 13.

Vaccination against smallpox has been discontinued as a routine practice in infancy. We still advise vaccination for travellers to some parts of the world.

Vaccination against Rubella has been added to our armoury of preventive measures. It should prove valuable in shrinking the numbers of foetal abnormalities. (Rubella in the pregnant mother is frequently a cause of foetal damage).

At the moment anti-Rubella vaccine is being offered to girls of between 11 – 14 years.

SECTION 28 – PREVENTION, CARE AND AFTER CARE

including Renal Dialysis
 Provision of Sickroom Equipment
 Chiropody
 Tuberculosis
 Extra Nourishment
 Cervical Cytology and Cancer Education
 Geriatric Clinic
 Marie Curie Memorial Foundation Fund

Renal
Dialysis

Three applications were received during the year for the necessary adaptations to be undertaken to enable home dialysis to be provided for Redbridge residents. These were all granted and at the end of the year eleven patients were being so treated.

Chiropody

Mr. Gibson, the Chief Chiropodist, reports as follows:—

The demand for chiropody treatment continues to increase and it is becoming more difficult to accept new applications without resorting to a waiting list.

We still offer a service to the priority groups, viz. the elderly, physically handicapped, expectant mothers and school children.

A car service is provided to transport patients who are unable to use public transport to and from the chiropody clinics. This is much appreciated by this group of patients.

Housebound patients receive treatment in their own homes and the residents in all welfare homes are treated regularly. The fee at present is 30p but for persons receiving supplementary pensions there is no charge, and many patients whose incomes are assessed may also qualify for a reduced fee or free treatment.

Patients usually attend the clinic nearest their homes whilst school children will often visit the clinic nearest to their schools.

It is encouraging as each new clinic or health centre is opened to the public, but without extra staff it is not very beneficial to the patients. There is far too long a period between treatments which can be most frustrating to the patient and the chiropodist.

The number of welfare homes also continues to increase. There are 10 chiropody clinics in various parts of the Borough, staffed by 5 full-time chiropodists, including myself, and 4 part-time chiropodists.

Most of the children attending the clinics have plantar warts. We are kept very busy throughout the year with this virus infection; perhaps one day a vaccine injection will solve this problem.

We advise parents regarding childrens' shoes and hosiery and foot health. However, I think most children today are wearing shoes which are large enough and at the moment sensible. But fashions can change!

Details of the patients seen are shown in Appendix 14.

Tuberculosis After-Care

Health Visitors

Three full-time Tuberculosis visitors are attached to the Ilford Chest Clinic and one full-time and one part-time visitor to Harts Hospital. A very close liaison is maintained with the Chest Clinics and the after-care services are closely integrated.

Facilities

Other facilities which exist for the after-care of tuberculosis patients include assistance in the maintenance charges at rehabilitation settlements, provision of free milk, boarding out of child contacts.

During 1971 the one patient continuing to reside in a rehabilitation settlement was provided with financial assistance towards his maintenance.

One patient was provided with the British Red Cross domiciliary library service for which the Borough was financially responsible.

Extra Nourishment

The following received extra nourishment (milk) during 1971:—

Number of new T.B. Patients during year	18
Number of existing T.B. Patients	81
	—
Number at 31.12.71	99
	—
Number of new cases (other than T.B.)	17
Number of existing cases (other than T.B.)	46
	—
Number at 31.12.71	63
	—

Voluntary Bodies

The Wanstead and Woodford Chest Care Association continued their good work during the year.

The Association has worked very hard to raise funds and to provide help to the chest patients. Vouchers worth about £640 were issued. A convalescent holiday was provided for one patient. A grant was made towards the payment of an electricity bill.

Apart from financial assistance, the members give help and advice on many personal problems.

The Ilford Tuberculosis and Chest Care Association continued to provide help during 1971 to necessitous patients in the form of extra nourishment, fuel grants, payment of fares, holidays etc., despite the rise in the cost of living. Efforts to increase the income of the Association to offset this rise have met with little success and for this reason the financial assistance given by the Redbridge Council is more than appreciated:—

Details of assistance given during 1971:—

- 1 cash payment made
- 48 patients given a total of 418 grants for extra nourishment
- 8 grants were made for relatives to visit patients in hospital
- 1 fuel grant
- 44 cash gifts at Christmas time

The excellent accommodation provided at King George Hospital for the monthly meetings is again much appreciated.

Cervical
Cytology and
Cancer
Education

We have continued to operate the cervical cytology services on the same lines as in the previous years. Special sessions were held at Dr. Barnardo's at the request of their organisation.

There has been no significant change in the incidence of the various kinds of abnormalities.

Dr. Evans, Consultant Pathologist at Wanstead Hospital, reports:—

"No malignant smears were obtained from the Redbridge Health Department Clinics. However, a large number of cases of inflammation of various kinds came to light and their treatment must materially improve the well-being of the patients who were treated."

Dr. McGee, Consultant Pathologist at King George Hospital, reports the following statistics:—

Total number of smears from Redbridge				
Public Health Department	...	...	...	1,060
Number of smears reported positive	...			5
Cone biopsies	...	...	...	5
Carcinoma in situ	...	...	...	5

Geriatric Clinics

This service continued during the year at the clinics within the Borough thanks being due to the six general practitioners willing to attend on a rota basis.

During 1971 the following sessions and attendances were recorded:—

Sessions held	...	...	...	50
Patients examined	...	...		223

Marie Curie Memorial Foundation

This fund which exists to provide various forms of help for cancer patients, where this help is not obtainable through statutory sources, has, during 1971 assisted the following cases:—

Provision of extra nourishment (milk, eggs etc.)	3 patients
Provision of toilet requisites	2 patients
Payment for services of night nurses	17 patients

Our thanks are extended to the Foundation for this valuable service.

OTHER ACTIVITIES

In addition to the running of the Maternity and Child Health Services of the Borough the medical, nursing and administrative staff have continued throughout the year to co-operate with official and voluntary organisations, clubs, scout troops, womens guilds, etc., in giving talks and lectures on a wide variety of health subjects.

Other forms of help given include interviews with trainee teachers, social workers, medical secretaries, pupil midwives, and student health visitors requiring detailed information and statistics on certain specialised health subjects, the organising of visits to child health centres, specialists clinics, day nurseries, special schools, for parties of pupils from secondary schools, and locum general practitioners.

CLINIC PREMISES

CHADWELL CHRISTIAN MISSION HALL, Essex Road, Chadwell Heath.

ALL SAINTS CHURCH HALL, Woodford Wells.

BAPTIST CHURCH HALL, Dover Road, E.12.

MAYESBROOK CLINIC, Goodmayes Lane, Goodmayes (adjoining Mayfield School).

ST. JOHN'S CHURCH HALL (entrance in Devonshire Road), Newbury Park.

MANFORD WAY CLINIC, Manford Way (corner of Tufter Road), Chigwell.

ASHTON PLAYING FIELDS PAVILION, Chigwell Road, Woodford Green.

ST. LUKES CHURCH HALL, Baxter Road, Ilford.

SEVEN KINGS METHODIST CHURCH HALL, Seven Kings Road (entrance in Vernon Road), Seven Kings.

HEALTH SERVICES CLINIC, Madeira Grove, Woodford Green.

ST. ALBAN'S CHURCH HALL, Albert Road, Ilford.

KENWOOD GARDENS CLINIC, Kenwood Gardens (off Cranbrook Road), Gants Hill.

BAPTIST CHURCH HALL, George Lane, E.18.

HEATHCOTE AVENUE CLINIC, Heathcote Avenue, Clayhall.

NEWBURY HALL, Perrymans Farm Road, Barkingside.

BAPTIST CHURCH HALL, Wellesley Road, Ilford.

35, WANSTEAD PLACE, E.11.

METHODIST CHURCH HALL, The Drive (at junction with Eastern Avenue), Cranbrook.

MEMORIAL HALL, Parish Church, E.18.

FULLWELL CROSS LIBRARY, High Street, Barkingside.

SOUTH PARK CLINIC, 100, South Park Drive, (corner of Loxford Lane) Seven Kings, Ilford.

DETAILS OF THE CASES OF CONGENITAL ABNORMALITY
AS REPORTED TO THE REGISTRAR GENERAL DURING 1971

Central Nervous System	...	...	...	...	...	...	...	1
Eye and Ear	...	...	...	...	...	...	...	4
Alimentary System	...	...	...	...	...	...	...	3
Heart and Circulatory System	...	...	...	...	...	...	...	2
Urina-genital System	...	...	...	...	...	...	...	15
Limbs	...	...	...	...	...	...	...	22
Other parts of Musculo Skeletal System	...	...	...	...	...	...	...	2
Other Systems	...	...	...	...	...	...	...	7
Other Malformations	...	...	...	...	...	...	...	6

APPENDIX 11

DETAILS OF DENTAL TREATMENT FOR EXPECTANT AND
NURSING MOTHERS AND CHILDREN UNDER 5 YEARS OF
AGE GIVEN DURING 1971

Number of Visits for Treatment during Year	Children 0-4 (inc.)	Expectant & Nursing Mothers
First Visit	688	67
Subsequent Visits	705	109
Total Visits	1,393	176
Number of Additional Courses of Treatment other than the First Course commenced during year	136	13
Treatment provided during the year — Number of Fillings	1,317	150
Teeth Filled	1,151	141
Teeth Extracted	125	71
General Anaesthetics given	49	3
Emergency Visits by Patients	14	9
Patients X-Rayed	1	5
Patients treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	453	46
Teeth Otherwise Conserved	127	—
Teeth Root Filled	—	6
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment completed during the year	713	68
Number of Patients given First Inspections during year	1,169	78

APPENDIX 12

VISITS BY HEALTH VISITING STAFF

Cases Visited by Health Visitor												Number of Cases
1	Children born in 1971	...	...	...	...	...	...	...	...	...	...	3,104
2	Children born in 1970	...	...	...	...	...	...	...	...	...	...	3,287
3	Children born in 1966-69	...	...	...	...	...	...	...	...	...	...	9,809
4	Total number of children in lines 1-3	...	...	...	...	...	...	...	...	...	...	16,200
5	Persons aged 65 or over	...	...	...	...	...	...	...	...	...	...	2,273
6	Number included in line 5 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	...	...	...	...	185
7	Mentally disordered persons	...	...	...	...	...	...	...	...	...	...	31
8	Number included in line 7 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	...	...	...	...	15
9	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	...	...	...	...	...	...	...	...	...	...	27
10	Number included in line 9 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	...	...	...	...	14
11	Number of tuberculous households visited	...	...	...	...	...	...	...	...	...	...	1
12	Number of households visited on account of other infectious diseases	...	...	...	...	...	...	...	...	...	...	24
13	Number of tuberculous households visited by tuberculosis visitors	...	...	...	...	...	...	...	...	...	...	772

APPENDIX 13

VACCINATION AND IMMUNISATION

Completed Primary Courses – Number of persons under age 16

Protection against	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964/67		
Diphtheria	270	2,674	816	100	141	47	4,048
Whooping Cough	274	2,662	776	99	101	21	3,933
Tetanus	270	2,675	819	103	165	408	4,440
Poliomyelitis	269	2,182	939	81	162	30	3,663
Measles	10	666	875	323	407	34	2,315
Rubella						1,400	1,400

APPENDIX 13 (continued)

VACCINATION AND IMMUNISATION (continued)

Reinforcing Doses – Number of persons under age 16

Protection against	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964/67		
Diphtheria	—	6	104	49	2,537	458	3,154
Whooping Cough	—	2	55	26	366	22	471
Tetanus	—	7	105	56	2,557	569	3,294
Poliomyelitis	—	9	78	81	2,650	287	3,105

APPENDIX 14

CHIROPODY SERVICE

Details of new cases and treatment given in 1971

	<u>New Cases</u>	<u>Treatments</u>
Children under school leaving age	373	2,914
Expectant mothers	20	46
Physically handicapped	67	375
Persons aged 65 years or over	1,195	21,625
	<u>1,655</u>	<u>24,960</u>

HEALTH EDUCATION

HEALTH EDUCATION

(Kathleen Griffiths – Health Education Officer)

It might be worth recalling the root meaning of the word education is to “draw out”. We are therefore reminded that a health educator should not be tempted to “drive in” knowledge in the hope of changing health or social behaviour. What we have to remember is that an understanding of our clients’ attitude to a particular problem and their motivation towards change is of paramount importance.

So that over the past seven years since the beginning of Redbridge health education service, account had to be taken of the methods which could be used to capture the attention and imagination of our public. Over the past years too, great freedom has been given to pursue projects which although time consuming should benefit the community in the long run. I am referring to our work with young people which cannot be evaluated and does not show immediate benefit.

Sadly, one has to report that at a time when demands on the health education service are increasing, our meagre budget has this year been reduced still further.

During the year, greater emphasis has been given to certain topics either as a result of national publicity or because of local need. Examples of these are:-

Smoking and Health

Our “stepping up” of this campaign followed earlier work in these areas:-

- (1) Talks in Primary Schools – there is no doubt that the 9 – 12 year old is vulnerable and at an age when smoking patterns can be set. Therefore, effective education is very important and our method of illustrating talks with relevant working models, lung sections and films are all important.
- (2) Talks and discussions with parents to elicit their help and support in preventing their children from starting.
- (3) Stop smoking clinics to urge adults to stop smoking (Appendix 15).

- (4) Continued work in secondary schools in conjunction with the Education Department. The aim of these sessions is to consolidate previous knowledge and attitudes.
- (5) Press publicity and support in disseminating information, and in addition, the regular distribution of posters/publications on a borough wide basis.

Drug taking amongst young people

This subject is the cause of most concern in that the extent of the problem is not fully realised or easily ascertained. There is no doubt that the practice of drug experimentation by young people is more widespread than we care to admit. If the subject can be brought "into the open" and discussed with seniors at the schools pointing out their responsibility to their younger friends and giving straight factual information about the dangers involved, then a useful start will be made.

Talks have been given by health staff both to parents and teachers as well as to children. These need to be increased.

Venereal Diseases

Venereal Diseases are now termed sexually transmitted diseases which makes clear how this infection is caught and how it is spread. Doctors, including our Consultant Venerologist have given up to date information to health staff, teachers and parents. Health visitors and health education staff have frequently been invited to secondary schools to take part in health and social studies programmes. We are pleased to note that a growing number of boys' schools have requested talks. It may well be that the drop in the number of reported cases of V.D. is due to the increase of public information on this subject. With the change in sexual behaviour today and the now widespread use of contraceptives by young people an increase could have been expected. It is therefore extremely important to continue and increase effective education about the health risks of this completely preventable disease.

Diet and Overweight, Teeth and Oral Health

These are subjects which regularly appear in health programmes.

Growth and Development

General preparation for life in all its aspects merits continued attention since this includes sex education and personal relationships

which, in today's confused thinking, is of prime importance to the teenager. It may also be true that the reduction in the birth rate and in the percentage of illegitimate births could be a result of increasing health and social education programmes. Our policy is still to give straight facts followed by discussion which must include "moral" issues ("moral" here is used in its widest sense).

Safety in the Home

This subject is included in the domestic scheme syllabus for secondary girls, but a growing number of primary schools now include the subject which is an ideal one for project work. General information about safety is publicised throughout the Borough using seasonal topics when the public are most vulnerable to particular hazards. Another most important aspect of this work is the provision of study sessions for youth leaders who run courses at their centres where home safety is part of their "Duke of Edinburgh Award Scheme". Home Safety is the function of Redbridge Home Safety Committee which is a voluntary organisation giving information, running courses and receiving and referring cases of unsafe equipment and practices.

Report of Assistant Health Education Officer

Report of Assistant Health Education Officer:-

This report does not elaborate on details which are implicit in the wide ranging "brief" of health education, many of which have been recorded in previous editions.

Nevertheless, particular aspects of the work merit attention. Miss Mary Boustead, Assistant Health Education Officer writes:-

"During this year health education in some schools has grown, expanded and developed until it is by now quite a feature in the daily programme. The inter-staff grape-vine has helped enormously in spreading the word so that we have now reached the stage where serving the schools is a full time job. Each area and indeed each school has its own special problems and interests so the programme is always varied and a useful amount of idea swapping and subject expansion is possible in anatomy and physiology especially. The model skeleton is quite a celebrity in Redbridge schools.

Several head teachers have been receiving enquiries from puzzled parents about what was going on – the children were taking home some very colourful tales of skeletons in cases and glass eyes as big as foot-

balls. In this way the message has spread even beyond the classroom. At open evenings and parents' meetings we have exhibited our visual aids and explained to the adults what we are trying to do for their children in school; it is encouraging to note that they are all enthusiastic about it and think it a good idea even though "we never had anything like that going on in our day".

Teachers themselves are now developing and continuing work between weekly visits. This is possibly a transition stage between having an outsider in and having health education taught by the class teachers as is all other forms of education, although there will always be a place for the contribution of both in the forming of a health educated society".

Role of Health Visitors

Health visitors always have a large role to play in the practice of health education, and the importance of this aspect of their work has always been under lined in this Borough. This is appreciated and acknowledged. Examples of this success are shown in the ante-natal classes at their clinics and at the mothers' clubs and groups where the educational contribution has resulted in continued improvement in the health of the mother and young children.

Greatly appreciated also are the schools' programmes carried out by a number of health visitors whose presence in the schools have been fully accepted and enjoyed by groups of children. A summary of the health visitors work is set out in Appendix 16. This year, Mrs. M.O. Read, Health Visitor at Wanstead Clinic agreed to add a short report as follows:-

(1) Ilford Maternity Hospital Parentcraft talks

Interest has been maintained over the last year, with good attendance at each evening session. Expectant fathers were very much to the fore asking many questions regarding their wives' health and safety in the home. Most popular are still with the best attendance is the film on preparation for childbirth "To Janet a Son?", with safety of young babies running a close second. The family planning film introduced by Mrs. Pitt is very well received and many questions asked by mixed audiences.

(2) Mothercraft (Red Cross Course) at Nightingale Secondary School

Girls aged 14 – 15 showed a lively interest in all aspects of talks.

They particularly liked sessions when a live baby was bathed and the development session when babies and children of 3 months – 4½ years were invited – for the girls to observe them.

Homework was accepted readily, and questions answered well generally. The Red Cross Examiner was impressed with these girls and all passed oral and written examination.

(3) Mixed session of 14 year old boys and girls where special topics suggested by teachers were discussed

- (i) Pregnancy – new baby.
- (ii) Development of infant.
- (iii) Growing up.
- (iv) Resuscitation including demonstration with “Resuscianne” Model.

Audio Visual
Media and Mass
Communi-
cations

Since the appointment in 1970 of Mr. Bernard Boivin as the technical expert in the health education team we have been fortunate in that he has provided a number of worthwhile projects in two important fields viz. (a) Displays and publicity presentation and (b) Audio Visual aids.

The displays have included topical presentations for clinics and for the eye catching window of a local building society. Of interest at Red-bridge Carnival were the home safety exhibits which stood out well and created interest despite the high winds which assailed them.

Two pieces of publicity on immunisation were constructed during the year – one dealing with rubella and the other measles.

The provision of precise and immaculate visual aids is the main function of the technician and this included the preparation of models and charts which in fact, are often in greater demand than those aids which we purchase.

Booklets and posters on a variety of subjects are prepared and designed by the health education staff for printing and publication.

Student
Visits

This year we have had more students visiting the Section on a regular basis, we have one session with each course of pupil midwives, a health

administrator and a nursing administrator, as well as regular and informal visits from nurses, teachers and students of many disciplines who are taking up health education for their projects, theses.

Staffing

Has again remained constant throughout the year – namely a team of two health education officers and one technician who have endeavoured efficiently to meet widespread demands.

Premises

The health education section has inherited disused premises which have brought on as many problems in terms of lack of communication and continued vandalism. It is to be hoped that the future will hold brighter prospects in terms of adequate accommodation where our work can be carried out in clean surroundings and with reasonable security.

SUMMARY OF FIRST "STOP SMOKING" CLINIC HELD IN ILFORD
from 1st – 5th March, 1971.

Five Day Course

Number of applications received and invitations sent...	78
Number of persons registered	70
Number who attended full course	62
Number who attended several evenings	15
Number who did not smoke throughout the week	54

Reunion

Number attending reunion after period of four weeks ...	36
Number who could not attend	9
Number who had given up smoking	28
No reply	17

HEALTH EDUCATION BY HEALTH VISITORS

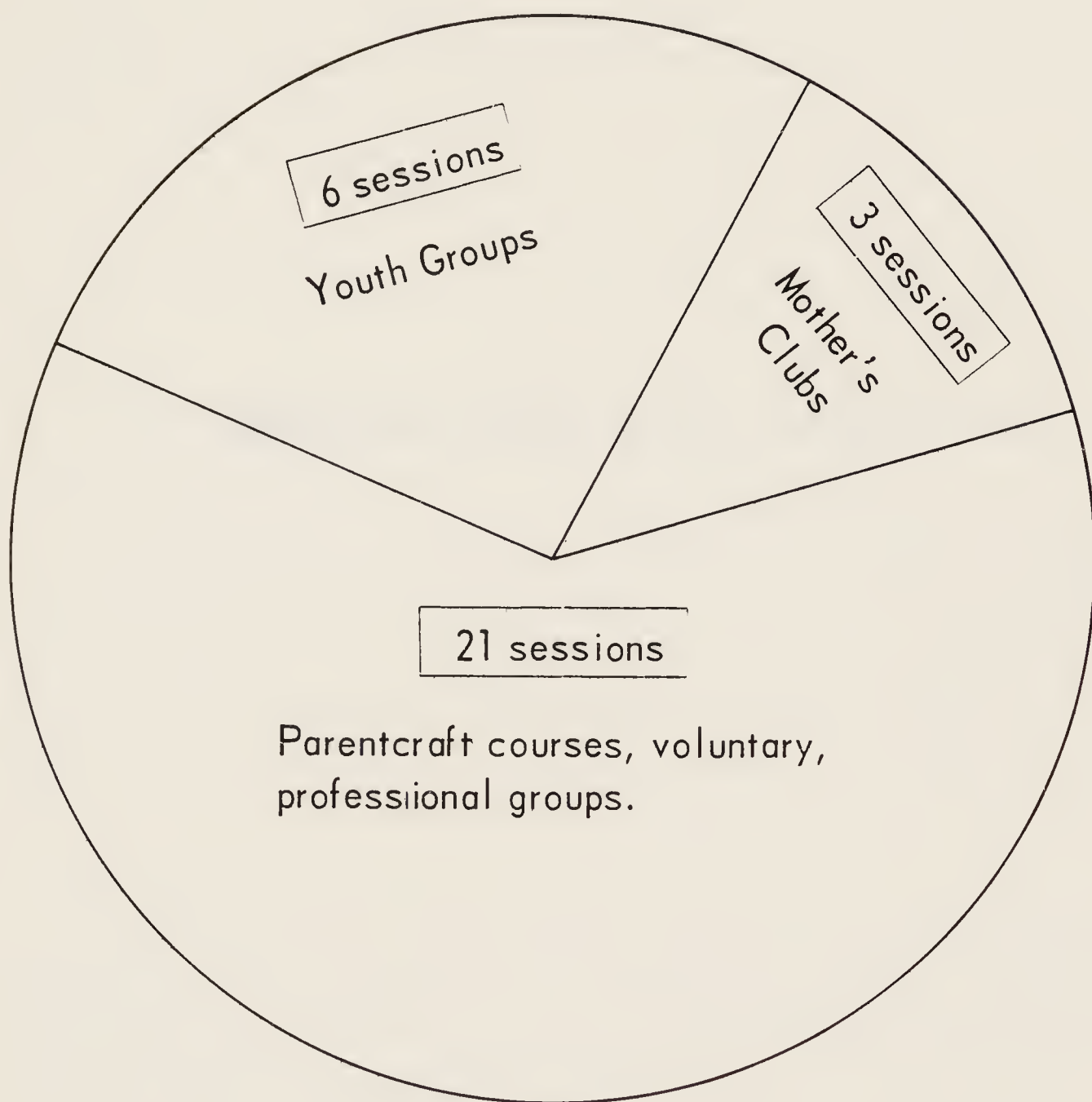
*No. of health visitors who have carried out regular programmes during the year – 1971

25

Duty Hours

	Ante-natal and Relaxation Classes	Toddlers' Clinic	Courses, Hospital, Voluntary Organisations	Schools
No. of Sessions	275	1	21	117

*These figures are extracted from the Health Visitors weekly return sheets.

Out of Duty Hours

EDUCATION ACT, 1944

SCHOOL HEALTH SERVICE

(J.K. ANAND, B.Sc., M.B., B.S., L.S.M.F., M.F.C.M., D.P.H.,
Principal Medical Officer)

School Health Service

Dr. W.H. Toms left the service on 30th April 1971. He had been responsible for running the service for several years. That the service has continued to function smoothly is a credit to the way he assembled the machinery. Excellent relationship has been maintained between the School Health Service on the one hand and the teaching staff, and the Careers Advisory Service on the other. The Head Teachers often telephone for advice and I like to feel that they would not hesitate to approach us whenever our help or advice is required.

School Roll

The school roll on 31st December 1971 was 33,987.

Medical Inspections

8,337 medical inspections of a periodic nature were carried out; in 6 cases, the pupil's condition was unsatisfactory.

The immigrant school-children have continued to undergo a special examination as soon as practicable after admission to the school. A skin test (for evidence of past or present tuberculous infection) is carried out and where indicated, B.C.G. vaccination is performed. Advice is also given about immunisation against diphtheria and whooping cough.

Provision of Free Milk – Education (Milk) Act 1971

38 children have been recommended to receive free milk on health grounds. The school health service will continue to welcome referrals from schools, health visitors, the Social Services Department, general practitioners and hospitals.

Screening Tests of Vision and Hearing

This service has continued satisfactorily during 1971, and the following is a summary of the examinations undertaken.

	Number Tested	Number Passed	Total Number of Defects	Number Referred for Advice
Vision	14,476	11,252	3,224	1,478

	Number Tested	Number Passed	Number Advised further Test	Number Referred for Advice
Hearing	13,580	10,320	2,768	492

Special Schools and Specialist Clinics These are the subject of individual reports by Consultants and Medical Officers in charge.

Statistics The Department of Education and Science Returns are printed in the Appendices.

Medical Treatment Minor Ailment Clinics:
434 children attended various clinics throughout the Borough in respect of minor ailments.

Recuperative Holidays During 1971, 19 children were recommended for recuperative holidays and were placed by the Chief Education Officer.

Ophthalmic Clinics A summary of the attendances at the four clinics serving the Borough is as follows:—

	Number of Sessions	New Cases	Old Cases	Total Attendances	New Spectacles Prescribed
Kenwood Gardens	78	225	537	1,184	257
Mayesbrook	89	248	441	1,337	237
Manford Way	30	42	123	251	53
Wanstead Place	15	28	139	214	65
Totals	212	543	1,240	2,986	614

Dr. P. Lancer – Ophthalmologist at the Mayesbrook Eye Clinic reports:-

The work in the clinic continues as in previous years – it consists mainly of refraction work.

There are still a number of children seen at a late age with amblyopic eyes when earlier treatment may have prevented this. I again urge early referral of any eye defect.

In conclusion I would like to thank all concerned for their continued help.

Dr. J.J. Reilly, Ophthalmologist at Kenwood Gardens Clinic reports as follows:-

This is a satisfactory clinic to deal with in that the appointments are well up to date, the percentage attendance high and there is also good co-operation from both parents and the various members of staff.

Orthoptic Clinics

During 1971 the three Orthoptic Clinics continued giving a satisfactory service.

The following is a summary of the attendances etc. at each clinic.

	No. of Sessions	New Cases Investigated	Total Attendances	Cases Discharged	Cases in Attendance at 31.12.71
Mayesbrook	183	104	231	20	47
Wanstead Place	47	45	239	15	78
Kenwood Gardens	49	44	155	17	41
Totals	279	193	625	52	166

Orthopaedic Clinics

Clinics were held in four areas of the Borough, the Consultants being Mr. H.G. Korvin, F.R.C.S., at Kenwood Gardens and Mayesbrook, Mr. Mark L. Mason, F.R.C.S. at Wanstead Place and Mr. D. Richards, F.R.C.S. at Manford Way.

A summary of the attendances of school children at these clinics is as follows:—

	No. of Sessions	New Cases	Old Cases	Total Attendances
Kenwood Gardens	49	99	274	517
Mayesbrook	24	89	150	311
Manford Way	5	5	14	26
Wanstead Place	9	26	45	86
Totals	87	219	483	940

Mr. H. G. Korvin, F.R.C.S., Consultant Orthopaedic Surgeon at Kenwood Gardens and Mayesbrook Clinics reports as follows:—

There is little to report on the Orthopaedic School Clinics. There has for some time been a slow fall in the number of new cases and a corresponding one of those requiring physiotherapy and exercises. The reasons for this can only be guessed at. It may well be that one of them is our changed attitude towards deviations from the norm which are self-correcting or functionally unimportant.

The one type of cases that appears to be increasing is that of the child who either wears out his shoes within a few weeks or is difficult to fit with suitable footwear from the beginning. There may be nothing wrong with his feet at all, except that they do not fit satisfactorily into ready-made shoes — which are often of indifferent quality. There are, however, manufacturers who produce a wide range of different fittings and there are shops willing to go to the trouble of getting the shoes appropriate to each child. It now seems likely that these shops will be ascertainable by a special sign on the door.

I would not like to close this report without expressing my thanks to Mrs. Maxwell, S.R.N., who has been my Clinic Nurse at Kenwood Gardens for many years, but was suddenly and unexpectedly withdrawn. Fortunately a very adequate replacement has been found.

Remedial Exercises and Physiotherapy

The remedial exercises and physiotherapy clinics continued during 1971.

The following is a summary of attendances at all the four clinics held in the Borough.

SUMMARY OF ATTENDANCE OF ALL CHILDREN

	<u>New Cases</u>	<u>Total Attendances</u>
Kenwood Gardens	72	153
Mayesbrook	33	106
Manford Way	10	128
Wanstead Place	9	219
	<u>124</u>	<u>606</u>

Ear, Nose and Throat Clinic

The Ear, Nose and Throat Clinic held at Kenwood Gardens Clinic continued as in previous years under the Consultant, Miss M.M. Mason, F.R.C.S., who reports no change in the running of the clinic.

Details of the sessions held and cases seen are as follows:-

<u>No. of Sessions</u>	<u>New Cases</u>	<u>Old Cases</u>	<u>Total Attendances</u>	<u>Total No. of Audiograms performed at Clinic</u>	<u>Advised Operation</u>
48	161	93	497	267	94

In addition 27 children were referred to the Ear, Nose and Throat Clinic at Wanstead Hospital and seen by Mr. R.T.S. Goodchild, F.R.C.S. Of these 8 were found to require operative treatment.

Speech Clinics

The following Speech Therapists were employed at the end of 1971:-

Mrs. Lawrence	Full-time. School Clinics, Special and Observation Units.
Miss Osborne	Full-time. School Clinics, and Observation Unit.
Mrs. Pretious	Full-time. Valentines Clinic and Ethel Davis Physically Handicapped School.
Miss Wells	Full-time. School Clinics, Educationally Sub-Normal and Junior Training Schools.
Mrs. Tingey	6 sessions. Mayesbrook Clinic and St. Vincent's School.
Miss Mood	Full-time from 11th October 1971. School Clinics – Little Heath E.S.N. School.

Mrs. Pretious reports on their work as follows:-

This year saw a further welcome increase in establishment when Miss Mood took up her full time post in October. It is now possible for a child to be seen very soon after he is referred to the clinic, though delays in beginning treatment are sometimes caused because a parent is only able to attend on one particular afternoon at a particular time. In a previous report we referred to the bread and butter work of speech therapy. This is the work with those speech defective children of school age and under who are brought to the clinic by a parent, usually on a once weekly basis. We find the regular parent-therapist contact invaluable. The parent becomes actively involved in the treatment. She, and sometimes he, begins to understand the child's speech difficulties, and is carefully instructed in therapeutic techniques. Instructions and demonstrations can be given regularly so that the treatment in clinic receives the most helpful reinforcement at home. Some defects resolve at a pleasingly fast rate, when home and clinic work together in this way. Children in special educational units continue to receive therapy in school, and this is the most satisfactory way for them. There remains that small group of children under five years or attending normal infant school, who have a more serious defect of speech and language which does not resolve satisfactorily with normal clinical attendance. These children are likely to have some associated learning problems, and it is hoped to make provision for them fairly soon.

School Dental Service

Mr. E.V. Haigh, Principal School Dental Officer reports as follows:-

During 1971 the school dental service policy continued the same as previous years, namely to inspect as many school-children as possible either at schools or clinics and to treat all that would accept treatment.

Staffing:

For most of the year the staff position remained the same as the previous year. It is important in building up confidence in children that they should be seen by the same dental staff each time. I am certain that in the early 1950's when it was impossible to get a full-time dental officer and the service was mainly staffed by part-time who usually only stayed a few months, this caused considerable lack of confidence in parents and children.

With nine dental surgeries and a total dental officer staff employed on the school service of 5.4 it was necessary for some dental officers to staff two surgeries. By doing this it has been possible to offer a service at all clinics. In fact although it appears that we are under-staffed this is not so because the demand for treatment at some clinics is not sufficient to warrant full time staffing. This is so at South Park, Valentines and Manford Way Clinics.

The following table shows dental staff employed at the end of 1971.

Principal School Dental Officer	1	.7	} School Health Service:- Full time equivalent
Salaried Dental Officers	3	2.8	
Sessional Dental Officers	5	1.9	
Dental Auxiliaries	1	.8	
Dental Surgery Assistants	7.6	6.6	

Premises

The distribution of surgeries has not been ideal, with several of the surgeries being too close to other clinics or not being in the centre of their catchment area. This means that parents often have to travel a fair distance and public transport costs and loss of school time deters them. This is slowly being rectified as new Health Centres are built. It is hoped to close 118 Hermon Hill and Valentines in a few years as the dental surgeries Woodford Health Centre and Newbury Park Health Centre become operational.

Equipment

Modern dentistry requires modern equipment and the recruitment and retention of dental officers and staff can largely depend on equipment and working conditions provided. The yearly progressive programme for the replacement of older obsolete equipment continued with such items as a new dental chair at Kenwood Clinic, dental cabinet and X-ray machine at Manford Way. Such yearly replacements are a continuous exercise as things become unserviceable or obsolete.

The standard of decoration in surgeries, recovery rooms and waiting rooms has been maintained but I would like to see even a higher standard. This is most important from the point of hygiene and the impression on the public.

Inspections

It is very important that as many children as possible are dentally examined each year. Even this is far from ideal when dental caries can often ruin teeth in months and not years. There are two main reasons against inspections every six months, firstly staffing and secondly acceptance in the schools by some Head Teachers.

31,224 children were dentally examined during the year; this being 95% of the school population.

Treatment

Full dental treatment was carried out on all patients accepting this service from this Authority. 4,414 children received dental treatment making a total number of 12,646 visits. There are, however, still many children who are not receiving regular dental treatment either from the general dental service or Local Authority. It has been estimated that about 37% of the school population only attend a dental surgeon when they have pain and as such are in poor dental health. This amounts to some 12,000 children in this borough. It is obvious that we must try and reach more of these children through dental health education.

I find the number of unkept appointments, a disturbing point. Over 3,200 appointments were unkept out of 15,846 made. This meant loss of work output and wastage of public finance. It is regretted that so many parents do not consider it important to inform clinics when their children are unable to attend. A request is now sent to parents with appointments made by post, asking for clinics to be informed if the appointment cannot be kept and pointing out that it is their money which is being wasted by lack of thought.

Dental Health

Dental health education continued to be given by the Health Education Officer and staff as part of general health education in schools. The dental auxiliary also went into schools and nurseries. All dental staff give dental health instruction to patients when they attend for treatment. This is often the time when positive results may be achieved. A child having lost several teeth or had fillings may be persuaded to look after mouth and so save further drastic treatment.

Fluoridation

The value of having one part per million of fluoride in the water supply has been proved. The Department of Health and Social Security has campaigned for this very strongly but it seems that it may take many more years before this important step forward in preventive dentistry will occur. This is due to a few misguided authorities in the London area who refuse to have fluoride added to the water and milk. With water supplies coming from so many sources it is not practical to add it only in areas that have agreed to its use.

The Ethel
Davis School

Dr. J.K. Anand reports:-

The year has seen a few staff changes. Mrs. Hearn now works as a full-time physiotherapist (Senior Grade). Mrs. Van Raalte commenced in a part-time capacity in February. Miss Watson joined us as a Senior Physiotherapist in July.

We consider ourselves fortunate in having obtained the services of a very competent "battery" of therapists. They are keenly interested in the welfare of the children and with the latter they regularly attend the clinics at the Paul Sandifer Centre and at the Queen Elizabeth Hospital, Hackney.

Miss Anderson, Senior Occupational Therapist, is training two pupils, (with Athetosis and another with Arthrogryposis) in the use of the P.O.S.M. (Patient Operated Selector Mechanism).

A new classroom, is in use, built with the needs of the spina bifida children in mind.

The pony-riding class has proved popular. It should help the children to gain self-confidence and improve their balance and co-ordination. It is hoped that increasing numbers of pupils will be able to benefit from riding.

The need for increase in the facilities for swimming has been stressed in the last two annual reports. We trust that a suitable hoist will soon be provided at one of the baths to enable the handicapped children to enjoy the benefits of swimming.

"Multi-disciplinary approach" and "team-work" – hackneyed phrases found in numerous reports of committees and commissions – are well-demonstrated in the work at Ethel Davis School. The teaching staff, the

Senior Educational Psychologist, the therapist, the school nurse, the health visitor, the Senior Careers Officer, the visiting Consultant Neurologist and the School Medical Officer – all participate in the care of the pupils. At the case conferences, representatives of the Social Services Department, as well as those of the Spastic Society join us. The role of co-ordinating the medical and other needs locally, devolves on the School Health Service – in this context, it is, in fact, “Community Medicine”. There are two most valuable cogs in this wheel – Mrs. Llewellyn, the School Nurse, and Miss Butler, Administrative Assistant. I thank them for all their help.

During 1971 14 children were admitted suffering from the following handicaps:-

Cerebral palsy	3
Congenital lobar emphysema/bronchitis ...	1
Cervical lymphadenopathy and pulmonary lesion	1
Heart condition	1
Heart lesion/bone lesion/facial paralysis ...	1
Hypotonia/speech retardation	1
Congenital anomalies of the excretory apparatus	1
Muscular dystrophy..	1
Spina bifida	1
Spina bifida/Hydrocephalus/Urinary diversion	1
Tuberculous meningitis	1
	<hr/> 14 <hr/>

12 children were discharged during the year.

Child Guidance Clinic Dr. W.P. Gurassa, Consultant Psychiatrist of the Redbridge Child Guidance Clinic submits the following report of the work undertaken during the year:-

Staff

There have been some staffing changes during the year. Mrs. Jones-Cuellar, a child psychotherapist, trained at the Hampstead Clinic with experience of working in special schools and in the United States, joined us in July. This means that we can offer more individual treatment for children with complex neurotic problems located within the children themselves rather than in the family setting.

We were very sorry to lose Miss Boyd, senior social worker, at the end of November. Miss Boyd had been with us for ten years and held an important administrative position in the Clinic, as well as being well known to people working in the borough. We wish her luck in her new appointment, as Senior Social Worker, at Ealing.

As usual we have had a number of students placed with us during the year from various training courses; social work, special educational courses for maladjusted children etc.

The Clinic now offers a wide range of group and individual treatment. There are five childrens' groups. The pre-school group which was most useful for observation was not reformed following Miss Boyd's departure. It is hoped to restart this group which was run concurrently with the parents, in the near future. There are two parents' groups at present, one run concurrently with a childrens' group 8½ to 9½ years and the other led by a psychotherapist and a psychiatric social worker where in some cases the children themselves are not attending regularly.

Miss Watt, educational psychologist, has been accepted for preliminary training on the child psychotherapy course at the Tavistock Clinic. A number of our staff members have now had experience in group work and have attended or are currently attending the course in group work at the Institute of Group Analysis.

We should like to thank Health and Educational Departments for their continued interest and support.

School
Psychological
Service

For the year's work during 1971, Miss S.V. Gascoyne, Miss C.H. Watt and Mr. R. Azam, Educational Psychologists, report as follows:-

Transfer of Severely Subnormal Children

The Education Act 1970 became effective from the 1st April 1971 when the responsibility for all severely sub-normal children passed on to Education from Health. This meant additional work for the School Psychological Service as there were about 120 children attending the Hyleford Special School (previously called Hyleford Training Centre), and this number included the multiply handicapped children in the Special Care Unit as well. Following this transfer the three psychologists divided the area of their responsibility for the time being, as follows:

Miss S. Gascoyne (Senior)

- Responsible for:
- 1) Ethel Davis School for the Physically Handicapped.
 - 2) Woodman Path Unit (Observation)

Miss H. Watt

Responsible for children attending the Remedial Centre and shares responsibility with Miss Gascoyne for children attending Treeside Unit.

Mr. R. Azam

- Responsible for:
- 1) Hyleford Special School
 - 2) Little Heath School for E.S.N. Children
 - 3) Woodford Bridge Unit for children suffering from multiple handicaps

Woodford Bridge Unit

In spite of two purpose built schools for mentally handicapped children, i.e. Hyleford and Little Heath, there were quite a number of children waiting to be placed at these schools. This had created difficulties not only in the lengthening of the waiting list but also many of the children attending the Observation Unit were awaiting transfer and could not be moved through lack of places. The Woodford Bridge Unit was established taking in more than 30 children to begin with. Depending upon other provisions the number could continue to increase. The establishment of the Unit made it possible for some children to move from the Observation Unit quickly and also it could take children in both categories previously known as E.S.N (Educationally Sub-Normal) and S.S.N. (Severely Sub-Normal).

Reading Survey 1971

For the first time the School Psychological Service was able to conduct a reading survey within the Borough that included all children in one year group between the ages of 8 and 9 at all junior and primary schools. One school from outside the Borough participated. The Young Group Reading Test was used as this, has been very recently designed and standardised for the purpose it was intended it should serve. A meeting under the chairmanship of the Chief Inspector of Schools was organised, and a representative of each school attended. The schools

co-operated for which the School Psychological Service deeply and sincerely express their thanks.

a) Number of schools participating	42
b) Total number of children involved	3,198
c) Number of children who appear to be doing well/ very well in reading attainments for their age	2,612
d) Number of children that may need some continued remedial help at their school in reading	459
e) Number of children requiring further investigation and may be in need of either very extensive remedial help at their schools or may need special educational treatment	127

From the individual analysis of each school it would appear that most schools have their reading problems well under control. This may be due to a combination of factors. Further analysis would also help to identify the schools in need of more concerted efforts to control, prevent and minimise the problem.

Courses

A new venture started in September when Mr. Farley completed the London University Institute of Education Course for teaching maladjusted children and became a sort of peripatetic counsellor for children with emotional difficulties and disturbed behaviour in schools. He could be called upon in times of crisis to visit children in their schools either for a holding operation prior to clinic referral or for regular therapeutic supportive sessions to enable problems to be worked through on an individual basis in the school setting. It is too early to be able to assess the value of this project, but it would seem to be particularly helpful where attendance at the Clinic has not been possible due to lack of parental co-operation.

The psychologists between them have attended a number of professional courses during the year to keep up with current trends in the fields of educational and developmental psychology.

New Cases	295
Follow up for schools	227
Remedial Education	95
Children referred to the Child Guidance Clinic	40

Enuresis Clinics

Dr. Joan M. Pooley, Senior Departmental Medical Officer, reports as follows:-

During the 12 months ended 31st December 1971 the Enuresis Clinic has been held weekly at the Kenwood Gardens Centre and fortnightly, or monthly, at the Mayesbrook Centre.

Compared with previous years there has been a further increase in the number of new cases referred, attendances have continued to be good and the attitudes of both parents and children have been of appreciation and interest.

In all cases, particular attention has been given to early and continued liaison with the patient's general practitioner.

The regular and increasing referral of children (and sometimes of adults) by General Practitioners, Hospital Consultants and Local Authority Medical and Nursing Staff – also by requests from parents and more recently by Medical Officers from surrounding boroughs, clearly illustrates the advantages of an Enuresis Clinic per se. Such a clinic should be run in parallel with, but apart from, a general or hospital practice. The assessment, treatment and follow-up of the enuretic patient usually demands more time than is available in a busy surgery or outpatient department.

It is suggested that the establishment of a regular enuresis clinic in one or two Health Centres in each borough would be an asset.

The following is a brief survey of the cases seen at the two enuresis clinics in Redbridge.

I. SESSIONS AND NEW CASES

	<u>Kenwood Gardens Clinic</u>	<u>Mayesbrook Clinic</u>	<u>Total Sessions</u>
Sessions held	45	12	57
New cases seen:-			
Over 5 years of age ...	90	24	<u>Total New</u>
Under 5 years of age ...	26	4	<u>Cases</u>
	<u>116</u>	<u>28</u>	<u>144</u>

11. APPOINTMENT ANALYSIS (both clinics):-

Recommended by —	<u>Under 5 years</u>		<u>Over 5 years</u>	
	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>
1. Child Welfare Medical Officers	7	12	—	—
2. School Medical Officers ...	—	—	47	29
3. General Practitioners	4	1	8	4
4. Parents	2	—	7	2
5. Health Visitors	2	—	10	5
6. Transfers into area				1
7. Hospitals			3	
	15	13	75	41

Total new cases — 144

Total Attendances:- (Old and New Cases)	<u>Kenwood Gardens Clinic</u>	600
	<u>Mayesbrook Clinic</u>	88
	Total	688

III. TREATMENT

The Management and treatment of the enuretic child must vary with each individual and must take into account the family, home and school situations.

If recognition is given to the existence of ANXIETY AS A COMMON FACTOR in all cases of enuresis whether primary or secondary in type, then a more logical therapeutic approach is apparent.

That anxiety is present is usually obvious, being resultant in primary enuresis and commonly aetiological in the secondary type of Enuretic Syndrome.

Having taken a full general and specific history, emphasis is once again given to the importance of the instigation of a routine and charting system for each child individually — mainly through discussion directly with the child.

Once the child's interest and co-operation is obtained, it is invariably evident that the parents' attitude has changed from concern or frustration, to one of interest and support. Treatment by drugs alone is never so effective.

Types of Treatment used at Kenwood Gardens Clinic

1. Amitriptyline 10 — 25 mgms as syrup or tablet
2. Imipramine 10 — 25 mgms as syrup or tablet
3. Limbitrol—5 capsules = a combination of amitriptyline 12.5 mgms + chlordiazepodide 5 mgms.
4. The "Bed-Buzzer" (Enuresis-alarm) 26 buzzers are in use through the clinic and another 10 have been purchased for use during 1972.
5. Chart and Routine only.

The type of treatment used and the time of administration is varied according to age, disposition and emotional make-up of the child and to the type of enuretic syndrome concerned.

IV. ANALYSIS OF RESULTS OF ALL CASES TREATED AT KENWOOD GARDENS CLINIC DURING 1971

Results at end of 4 weeks:-

TABLE 1.

Type of Treatment:	Amitriptyline	Imipramine	Limbitrol-5	Buzzer	Chart and Routine only
Number of children treated:	56	123	26	53	18
<u>Marked improvement</u> (i.e. less than 5 (a) wet in 28 nights)	22 = 39.3%	48 = 39%	15 = 57.7%	26 = 49.1%	10 = 55.6%
<u>Improvement = moderate</u> (i.e. 14 dry in 28 (b) nights)	10 = 17.8%	26 = 21.1%	5 = 19%	7 = 13.2%	1 = 5.6%
Total — improved in 4 weeks (a + b)	57.1%	60.1%	76.7%	63.3%	61.2%
Little or no effect	13 42.9%	24 39.9%	3 23.3%	7 37.7%	2 39.8%
Still being treated (not yet assessed)	11	25	3	13	5
TOTALS:	56	123	26	53	18

Results of treatment at end of 12 months:-

TABLE 2.

Type of Treatment:	Amitriptyline	Imipramine	Limbitrol-5	Buzzer	Chart and Routine only
Number of children treated:	56	123	26	53	18
Completely dry in 3 months or less	3	8	—	6	3
Completely dry in 6 months or less	5	8	3	7	—
Completely dry in 12 months or less	1	6	4	3	—
Self discharged and dry	8	15	5	7	4
% Dry in 1 year or less:	17 = 30.4%	37 = 30.1%	12 = 46.2%	23 = 43.4%	7 = 39%
Completely dry in longer time than 12 months	—	4	1	3	1
Still being followed up	39 = 69.6%	82 = 69.9%	13 = 53.8%	27 = 56.6%	10 = 61%
Treated Cases	56	123	26	53	18

These figures show a comparatively high success rate in those children treated with the enuresis alarm and with limbitrol-5, however greater care in case selection was necessary for these two types of treatment.

The enuresis alarm can only be used effectively for children in the older age group (7 – 14 years) and in suitable home conditions.

The selection of cases for treatment with limbitrol-5 was based on conclusions reached following a study of a series of cases treated with this preparation at the Kenwood Clinic during the past three years.

The results obtained showed that limbitrol-5 tended to be more effective for the older child (aged 9 – 14 years) who was of average or good intelligence and who proved to be either the over-anxious introspective type of personality or conversely who showed a fairly marked emotional disturbance of behaviour problem.

Using these criteria as a basis for selection, the results have proved very encouraging.

V. TOTAL CASES DISCHARGED DRY (old and new patients – both clinics)

<u>YEAR:</u>	<u>1971</u>	<u>1970</u>	<u>1969</u>
No. of cases:	88	74	59

Once again appreciation is expressed to the nursing and administrative staff whose care and help has done much to ensure the smooth running of a large and often problematical clinic and the follow-up of the increasing number of cases which have been treated.

Mayesbrook Centre – Dr. M. DasGupta reports:-

During the twelve months ended 31st December 1971 it has only been possible to arrange 12 enuresis sessions at the Mayesbrook Clinic. Because of the pressure felt by the demand for such a clinic a regular fortnightly session will be held in future. The demand for attendance is such that I had to cut down the number of attendances to an optimum with which I could deal to my satisfaction, and give my maximum service. Unfortunately such fortnightly sessions have been possible only after the middle of January 1972, and if the demand is still pressing, the number of sessions may have to be increased to a weekly one. The total number of new cases attended since January up to the 10th April has already mounted to 26 cases. These figures cannot be included in this year's report but are mentioned to show the need for further sessions.

The statistical data for this year's cases has been incorporated in Dr. Pooley's report.

My approach to deal with the problem has been different and I found it fairly useful. The majority of the children's nocturnal and sometimes diurnal urinary incontinence has no demonstrable organic basis. Sometimes there is a history of one parent having been similarly affected.

Many forms of treatment by drugs have been advocated. The enthusiast who really believes in his/her method will always achieve good results.

An organic disease as a cause must be excluded and this point cannot be over-emphasised. A large number of cases, especially the younger ones, present with the problem when there is some obvious disharmony in the family. A careful history in an atmosphere of sympathy and understanding seems to bring out the real nature of the trouble and tension in the house.

The first essential duty is to give their parents some explanation of the nature of enuresis. The reasonable attitude is some form of encouragement to the child for a dry night and sympathy for a wet one. Some success is also attained by encouraging the child to wait longer intervals during the day between visits to the toilets. Some degree of fluid restriction after 6 p.m. and to waken the child fully to empty his bladder before the parents go to bed is often useful. In co-operative children over eight, I have found the buzzer to prove useful.

I have not used any drugs. There can be no doubt that where a physician has understanding and willingness to help and can give adequate time, he will obtain good results.

Finally, as I mentioned last year, the teenage problem. I have had to devote some time on casual teenage visitors who came to the clinic and waited until I could spare time to talk. I felt they had to come more or less incognito with their problems and were extremely grateful for the sympathetic discussions. The services of the nurses and health visitors were extremely useful to make it possible. A separate advisory type of clinic without any name to it is worth thinking about.

Peripatetic Teachers for the Partially Hearing

The Peripatetic Teacher for the Partially Hearing, Miss H.C. Hodges, submits the following report in conjunction with Mrs. J. Carney:—

The work of the peripatetic teachers has concerned partially hearing pre-school age children and those of school age who do not require special educational treatment in schools for the deaf.

We continue with a team of three teachers of the deaf, the Senior Teacher, Miss M. Hodges, with two assistants — Mrs. J. Carney and Mrs. B. Savage. Each teacher has had responsibility for her own caseload and has undertaken auditory training, the teaching of speech, language and general subjects, parent guidance, the supervision of the use and care of hearing aids and some testing of hearing.

The ages of the children on our register range from twelve months to eighteen years and our work has been carried out in private homes, day nurseries, primary, secondary and special schools. Miss Hodges and Mrs. Carney have shared the caseload of pre-school children.

There are at present 49 children with hearing aids on our register. 8 are of pre-school age, 17 are in Primary schools, 19 in Secondary schools and 5 in Special schools, and during the year we have made 1,352 visits to these children, their parents and teachers.

This year, 5 children have been recommended for placement in partially hearing units and schools for the deaf. A 7 year old boy was admitted to the Hackney Junior Unit, a 3 year old girl to the Harlow Nursery/Infant Unit, an 11 year old girl to the Harlow Senior Unit, a 2 year old girl now attends the Nursery Department at the Newham School for the Deaf for two mornings a week, and a 4 year old boy has been admitted to the Woodford School for the Deaf.

5 partially hearing children have removed from the Borough and have been referred to peripatetic teachers in their new areas for treatment to be continued.

One girl with a severe high frequency hearing loss was successful in the 11-plus examination and has entered West Hatch Technical High School.

This year deafness has been diagnosed in 5 pre-school children, in 5 children in primary schools and in 6 senior children and hearing aids have been issued.

Throughout the year we have been kept informed of children with hearing difficulty, but without hearing aids, and we have investigated and advised on these cases.

Handicapped Children

The number of children coming within the various categories and their disposition as at 31st December, 1971 is shown in the table at the end (Appendix 20).

B.C.G. Vaccination of School Children

This scheme is offered to all pupils of 13 years attending maintained and independent schools. In addition, those previously invited who did not accept are given a further opportunity to participate.

3,020 pupils were offered B.C.G. vaccination and of this number 1,830 or 68% consented. 1,800 or 98% received vaccination.

The Health
Visitor and
the School
Nurse

Miss J. Oliver, Superintendent Health Visitor, submits the following report of the work undertaken by the Health Visitors and School Nurses:-

Our work in the schools, for certain areas of the Borough, had to be intensified this year. The infestation of head lice could have spread at an alarming rate unless daily visits had been made. We are hopeful that a new product for head lice, which we are now using, will be a boon to children who are re-infected so quickly.

Our pre-school medicals are going well in the clinics and this is saving much school time.

We have continued to cover some health education and South Park Clinic have made a good relationship with Loxford Comprehensive School. Madeira Grove Clinic accepted two fourth year girls for 4 sessions each fortnight from St. Barnabas Girls School for observation of Child Care and Development. Practical demonstration in Child Care is often better than straight lectures.

The health visitors/nurses meet two members of the staff from the Child Guidance Clinic to ensure closer co-operation, when dealing with the mentally handicapped child and also to prevent overlap and to give support to parents. We have also been able to cover more home visiting to parents whose children are attending special schools.

General
Welfare
and
Research

Welfare

The National Society for the Prevention of Cruelty to Children (Essex Group) submits the following report:-

With the many changes in social work as suggested by the Seebohm Report, the N.S.P.C.C. no longer relies on the expertise of the individual inspector working one area, but now have the services of a team of social workers serving a district or as in our case, the County of Essex. This change has only been operating for six months but already there is a great demand for our services of a wider nature in Family Caring, the number of cases referred to us by the parents is particularly gratifying and helpful.

Court action was not required in any of the cases dealt with during the year.

Chiropody

During the year 115 school children were referred to the clinics for treatment (mostly for Verrucae) and many parents were advised regarding suitable shoes for their children.

Causes of Death

The causes of death among children of school age resident in Red-bridge during 1971 were:-

Road accident	3
Leukaemia	1
Hurlers Syndrome	1
Bronchopneumonia	1
Epileptic Convulsion + Virus Enteritis	1
Asthma	1
Congenital Heart Disease	1
Chronic Inanition due to progressive cerebral deterioration and gastro intestinal haemorrhage	1
Sub acute sclerosing pan encephalitis	1
	<hr/>
	11
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DEPARTMENT OF EDUCATION AND SCIENCE
MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1971

Part 1 – Medical Inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A. – PERIODIC MEDICAL INSPECTIONS

Age groups Inspected (By year of birth)	No. of pupils who have received a full medical examination	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any other condition recorded at Part 11	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1967 and later	316	316	—	4	23	26
1966	2,103	2,102	1	35	109	128
1965	958	957	1	11	39	50
1964	201	198	3	2	19	21
1963	87	87	—	3	7	10
1962	84	84	—	3	8	11
1961	60	60	—	2	1	3
1960	41	41	—	—	4	4
1959	1,311	1,310	1	23	37	59
1958	616	616	—	7	18	24
1957	59	59	—	1	1	2
1956 and earlier	2,501	2,501	—	52	45	95
TOTALS	8,337	8,331	6	143	311	433

Col. (3) totals as a percentage of Col. (2) total – 99.93%

Col. (4) total as a percentage of Col. (2) total – 0.07%

APPENDIX 17 (continued)

TABLE B. – OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	735
Number of Re-inspections	...	...	...	168
				<hr/>
Total	...			903
				<hr/>

TABLE C. – INFESTATION WITH VERMIN

All cases of infestation, however slight, are recorded.

This return relates to individual pupils and not to instances of infestation.

(i) Total number of pupils examined in the schools by school nurses or other authorised persons	...	...	...	...	...	...	...	40,344
(ii) Total number of individual pupils found to be infested	...	...	...	...	...	...	...	252
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	...	...	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	...	...	—

APPENDIX 17 (continued)

Part II – Defects Found by Periodic and Special Medical Inspections
during the Year

Defect or Disease	Number of Defects Requiring Treatment		Number of Defects Requiring Observation but not Treatment	
	Periodic Inspection	Special Inspection	Periodic Inspection	Special Inspection
Skin	42	1	175	1
Eyes – a. Vision ...	138	33	399	76
b. Squint ...	18	–	84	–
c. Other ...	6	–	17	2
Ears – a. Hearing ...	8	108	117	97
b. Otitis Media	2	4	34	11
c. Other ...	1	3	11	2
Nose or Throat	33	11	174	1
Speech	51	4	116	–
Lymphatic Glands ...	4	–	156	–
Heart and Circulation	11	–	77	2
Lungs	4	1	115	4
Development –				
a. Hemia ...	12	–	14	–
b. Other ...	22	4	132	6
Orthopaedic –				
a. Posture ...	13	1	61	1
b. Feet ...	23	–	128	–
c. Other ...	8	–	76	3
Nervous System –				
a. Epilepsy ...	2	–	33	–
b. Other ...	4	1	41	1
Psychological –				
a. Development	5	61	72	6
b. Stability ...	11	30	178	3
Abdomen	4	–	39	1
Other	32	40	126	108

APPENDIX 17 (continued)

Part III – Treatment of Pupils attending maintained Primary and Secondary Schools
(including Nursery and Special Schools)

- NOTES: (i) Cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A. – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	—
Errors of refraction (including squint)	1,565
Total	1,565
Number of pupils for whom spectacles were prescribed	555

TABLE B. – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment –	
a. for diseases of the ear	16
b. for adenoids and chronic tonsillitis	68
c. for other nose and throat conditions	2
Received other forms of treatment	162
Total	248
Total number of pupils in schools who are known to have been provided with hearing aids –	
a. In 1971	31
b. In previous years	100

APPENDIX 17 (continued)

TABLE C. — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
a. Pupils treated at clinics or out-patient departments	518
b. Pupils treated at school for postural defects	19
Total	537

TABLE D. — DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm — a. Scalp	—
— b. Body	—
Scabies	1
Impetigo	1
Other skin diseases	138
Total	140

TABLE E. — CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance Clinics	213

APPENDIX 17 (continued)

TABLE F. – SPEECH THERAPY

	Number known to have been treated
Pupils treated by Speech Therapists	338

TABLE G. – OTHER TREATMENT GIVEN

	Number known to have been dealt with
a. Pupils with minor ailments	247
b. Pupils who received convalescent treatment under School Health Service arrangements	19
c. Pupils who received B.C.G. vaccination	1,800
d. Pupils who attended the Enuresis Clinic	218
Total	2,284

DENTAL INSPECTION AND TREATMENT

Attendances and Treatment

Number of first visits	4,414
Number of subsequent visits	8,232
Number of total visits	12,646
Number of additional courses of treatment commenced	1,047
Number of fillings in permanent teeth..	8,516
Number of fillings in deciduous teeth	5,085
Number of permanent teeth filled	7,265
Number of deciduous teeth filled	4,875
Number of permanent teeth extracted... ..	422
Number of deciduous teeth extracted... ..	1,782
Number of extractions under general anaesthetics	413
Number of emergencies treated	221
Number of pupils x-rayed	304
Number of pupils who received prophylaxis	2,391
Number of teeth otherwise conserved	465
Number of teeth root filled	50
Number of inlays	—
Number of crowns	13
Number of courses of treatment completed	4,577

Orthodontics

Number of new cases commenced during year	86
Number of cases completed during the year	81
Number of cases discontinued during the year... ..	3
Number of removable appliances fitted	114
Number of fixed appliances fitted	4
Number of pupils referred to Hospital Consultants	4

Dentures

Pupils supplied with Full upper or Full lower (first time)	—
Pupils supplied with other dentures (first time)	7
Number of dentures supplied	13

APPENDIX 18 (continued)

Anaesthetics

Number of General Anaesthetics administered	404
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Inspections

[illegible]

Sessions

[illegible]

SCHOOL HEALTH SERVICE: STAFF AND SCHOOL CLINICS
(As at 31st December, 1971)

1. STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer — I. Gordon, M.D., F.R.C.P., F.F.C.M., D.P.H.
Deputy Principal School Medical Officer — M.T. Fernandes, M.B., D.P.H., D.I.H., D.C.H. (to June 1971)
Deputy Principal School Medical Officer — F.W. Murphy, M.B., M.F.C.M., D.P.H., D.T.M. & H. (appointed Sept. 1971)
Principal Medical Officer — W.H. TOMS, M.B., Ch.B. (Edin.)
Principal Medical Officer — J.K. Anand, B.Sc., M.B., B.S., L.S.M.F., M.F.C.M., D.P.H. (appointed May 1971)
Principal School Dental Officer — E.V. Haigh, L.D.S., R.C.S.

	Number of Officers	Number in terms of full-time Officers employed
(a) Medical Officers (including the Principal School Medical Officer) —		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health Service and Local Health Service	9	3.5
(iii) General Practitioners working part-time in the School Health Service	4	.4
(iv) Ophthalmic Specialists	—	—
(v) Other Consultants and Specialists	—	—
(b) Dental Officers (including the Principal School Dental Officer) —		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health Service and Local Health Service (including Orthodontists)	5	4.5
(iii) Part-time School Health Service (including Orthodontists) ...	5	1.8
(iv) Dental surgery assistants	9	6.5
(v) Dental Auxiliary	1	—
(c) (i) Senior Speech Therapists	1	1
(ii) Speech Therapists	5	5
(iii) Assistant Speech Therapists	—	—
(d) (i) Audiometricians	—	—
(ii) Chiropodists (5 Full-time plus 8 Contractual)	13	.4
(iii) Orthopaedic Nurses	—	—
(iv) Orthodontists	—	—
(v) Physiotherapists	4	3.7
(vi) Remedial Gymnasts	—	—
(vii) Occupational Therapists	1	1.0
(viii) Clinical Technicians employed on audiometry and vision screening	3	2.0
(e) (i) Nurses	49	12.6
(ii) Number included at (i) who hold Health Visitors Certificates	36	6.8
(iii) Nursing Assistants and Trainee Nurses	—	—

APPENDIX 19 (continued)

II. – NUMBER OF SCHOOL CLINICS (i.e. premises at which clinics are held for school-children) provided for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics 13

III. – TYPE OF EXAMINATION AND/OR TREATMENT provided at the School Clinics returned in Section II.

<u>Examination and/or Treatment</u>	<u>Number of Clinics</u>
Minor ailment and other non-specialist examination or treatment	7
Audiometry	1
Chiropody	9
Dental	6
Ear, Nose and Throat	1
Enuretic	2
Ophthalmic	4
Orthoptic	3
Orthopaedic	4
Physiotherapy and remedial exercises	5
Speech Therapy	8
School Medical Officers special examination	8
Vaccination and Immunisation	10
Cerebral Palsy Unit	1

APPENDIX 19 (continued)

IV. – CHILD GUIDANCE CLINICS

(i) Number of Child Guidance Centres provided by the Authority – 1.

Staff	Number employed		Aggregate in terms of the equivalent number of whole-time officers
	by L.E.A.	Under arrangements with Hospital Authorities	
(i) Psychiatrists	–	2	.8
(ii) Educational Psychologists	3	1.5	1.5
(iii) Psychiatric Social Workers	4	–	4.0
(iv) Child Psychotherapists	3	–	1.3
(v) Remedial Teacher	2	–	2.0

HANDICAPPED CHILDREN

CATEGORY	Number of children of school age formally ascertained as handicapped pupils and requiring special educational treatment (S.E.T.)													
	Attending day special school	Awaiting placement in day special school	Attending residential special school	Awaiting placement in residential special school	Attending boarding homes	Awaiting placement in boarding homes	Attending independent schools	Awaiting placement in independent schools	Attending hospital schools	Awaiting placement in hospital schools	Receiving Education in hospital under Section 56	Receiving home tuition under Section 56	Awaiting home tuition under Section 56	Total Number of children of school age requiring S.E.T.
Blind	—	—	2	—	2	—	—	—	—	—	—	—	—	4
Partially Sighted	11	—	2	—	—	—	—	—	—	—	—	—	—	13
Deaf	7	—	2	—	1	—	13	—	—	—	—	—	—	23
Partially Deaf	8	2	5	—	—	—	7	—	—	—	—	—	—	22
Delicate	—	—	6	2	—	—	1	—	—	—	—	—	—	9
Physically Handicapped	56	5	12	—	—	—	2	—	—	—	—	—	—	75
E.S.N.	263	14	13	7	4	—	7	—	—	—	—	1	—	309
Maladjusted	1	—	18	7	2	—	21	—	—	—	—	—	—	49
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Speech Defect	—	—	3	—	—	—	—	—	—	—	—	—	—	3
TOTALS	346	21	63	16	9	—	51	—	—	—	—	1	—	507

ADVISORY MEDICAL SERVICES

MEDICAL PRIORITY FOR REHOUSING, HOMES FOR THE ELDERLY AND NATIONAL ASSISTANCE ACT, SECTION 47 CASES

(J.A. HOWELL, M.B., Ch.B., M.F.C.M., D.P.H.
Principal Medical Officer)

Medical Priority Rehousing

The number of applications for rehousing on medical grounds continues to rise, 337 such cases having been assessed this year. With the extreme shortage of available housing there is therefore a greater need than ever to adhere to stringent medical prerequisites in considering recommendations for outright rehousing or awarding points. Applications are normally only accepted by the Health Department for such assessment when supported by a general practitioner's or hospital letter, though social workers' reports are valuable for additional information. In many cases visits are made by the medical officer, especially where insufficient information is available for true assessment.

The gradual increase in applications on medical grounds is probably a reflection of the growing needs of our elderly, some 75% of applications now coming from this group. Too often a widow over 80 years old is found living alone in a large two storeyed house, unable to cope or even climb the stairs, and with insufficient means to keep such a house warm. At the present time a joint report from the Medical Officer of Health and the Housing Manager is being prepared recommending an increase both in the quantity of housing available for the elderly and in the staff ratio to supervise suitable sheltered accommodation. Warden supervised accommodation affords our senior citizens the opportunity to retain much of their independence which would of necessity be lost in Part III Homes.

Number of Cases Referred or Reviewed

<u>1971</u>	<u>1970</u>	<u>1969</u>	<u>1968</u>	<u>1967</u>
337	311	269	287	233

Homes for the Elderly

The separation of the old Welfare Section and the formation of the new Social Services Department inevitably created certain initial problems. With medical and social care so closely inter-related that it is difficult to decide where one ends and the other begins, it is essential that there are good communications at all levels between the two Depart-

ments and every effort is being made to maintain old links and establish new ones.

Six Part III Homes for the Elderly in the Borough are visited frequently on behalf of the Director of Social Services and medical advice and support given to Matrons and Superintendents. Similarly, private and voluntary homes for the handicapped and elderly are each visited at least twice yearly. Talks are given to each of the Social Services area teams, on medical aspects of their work, advice is always freely available and there are frequent informal meetings with individual social workers to discuss problems over clients, particularly in the field of geriatric services, care and placement.

National
Assistance
Act 1948,
Section 47

During the course of the year 4 elderly persons, being aged, infirm or physically incapacitated, living in insanitary conditions, unable to devote to themselves and not receiving from others, proper care and attention, required certification to this effect by the Medical Officer of Health and compulsory removal and admission to care after obtaining the necessary Magistrates' Orders. 3 of these cases being urgent were dealt with under the 1951 Amendment Act.

An early warning system whereby the Medical Officer of Health is given advance warning of any elderly person likely to require action under the Act is working satisfactorily. An agreement of benefit to all has been arrived at with the Director of Social Services and local consultant geriatricians whereby the latter are willing to accept any Section 47 cases for an initial period of assessment and treatment subject to the Director finding placement for suitable cases thereafter.

REPORT OF THE PSYCHIATRIC ADVISER
TO HEALTH AND SOCIAL SERVICES DEPARTMENTS

(C.H.A. Wedeles, M.R.C.S., L.R.C.P., D.P.M.)

Since the assumption, by the new Social Services Department, of responsibility for what was comprised under the former Mental Health Service, my function has become that of Psychiatric Adviser – formally so, and on a part-time basis, as from April 72.

The inevitable regret over the loss of a direct influence on the future development of the service, and the specialised skills contained in it, is balanced by the pleasure of now having the time to use clinical experience, and to be able to assist other workers in the understanding and management of clinical problems.

I feel that the most useful way of being helpful in this direction is by attempting careful and detailed dissection and demonstration of forces and phenomena, workers encounter in dealing with serious psychological disorders. This aim should help to protect them to some extent from being damaged by the often quite severe stresses and strains they are exposed to, and lead to clarification of the effective scope as well as the limitations of the methods at their disposal in the non-material sphere of their work. Case discussions and seminar techniques would seem to be best suited to this type of aim.

ENVIRONMENTAL HEALTH

AIR POLLUTION CONTROL

FOOD CONTROL

SANITATION

HOUSING

OFFICES, SHOPS, FACTORIES AND WORK PLACES

PUBLIC CONTROL
(including Registration and Licensing)

ENVIRONMENTAL HEALTH

- | | |
|-----------------|--|
| Plate 1. | Pollution – River Roding |
| Plate 2. | Houses in Multiple Occupation
(Typical type of property) |
| Plate 3.)
) | Catering Establishment Kitchen
(brought up to required standards) |
| Plate 4.) | |
| Plate 5. | Prevention of Redevelopment by Pre-
servation Order (Mill Lane, Woodford) |
| Plate 6. | Clearance Area (Horn Lane, Woodford) |
| Plate 7. | Members of Public Health Inspectorate
spraying refuse during recent strike of
Refuse Collectors.
(Photograph by kind permission of
Ilford & Redbridge Pictorial) |



PLATE 1.



PLATE 2.



PLATE 3.

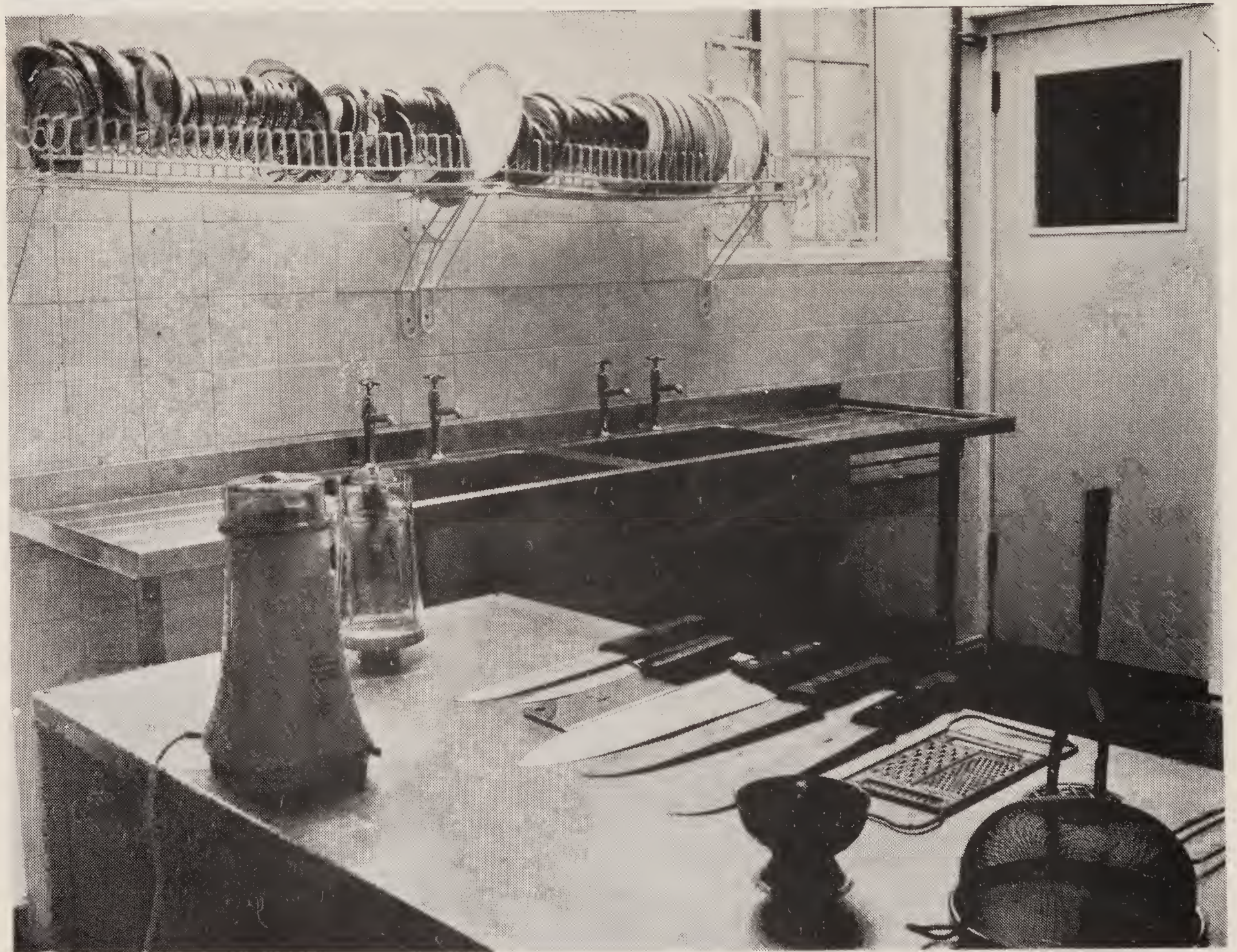


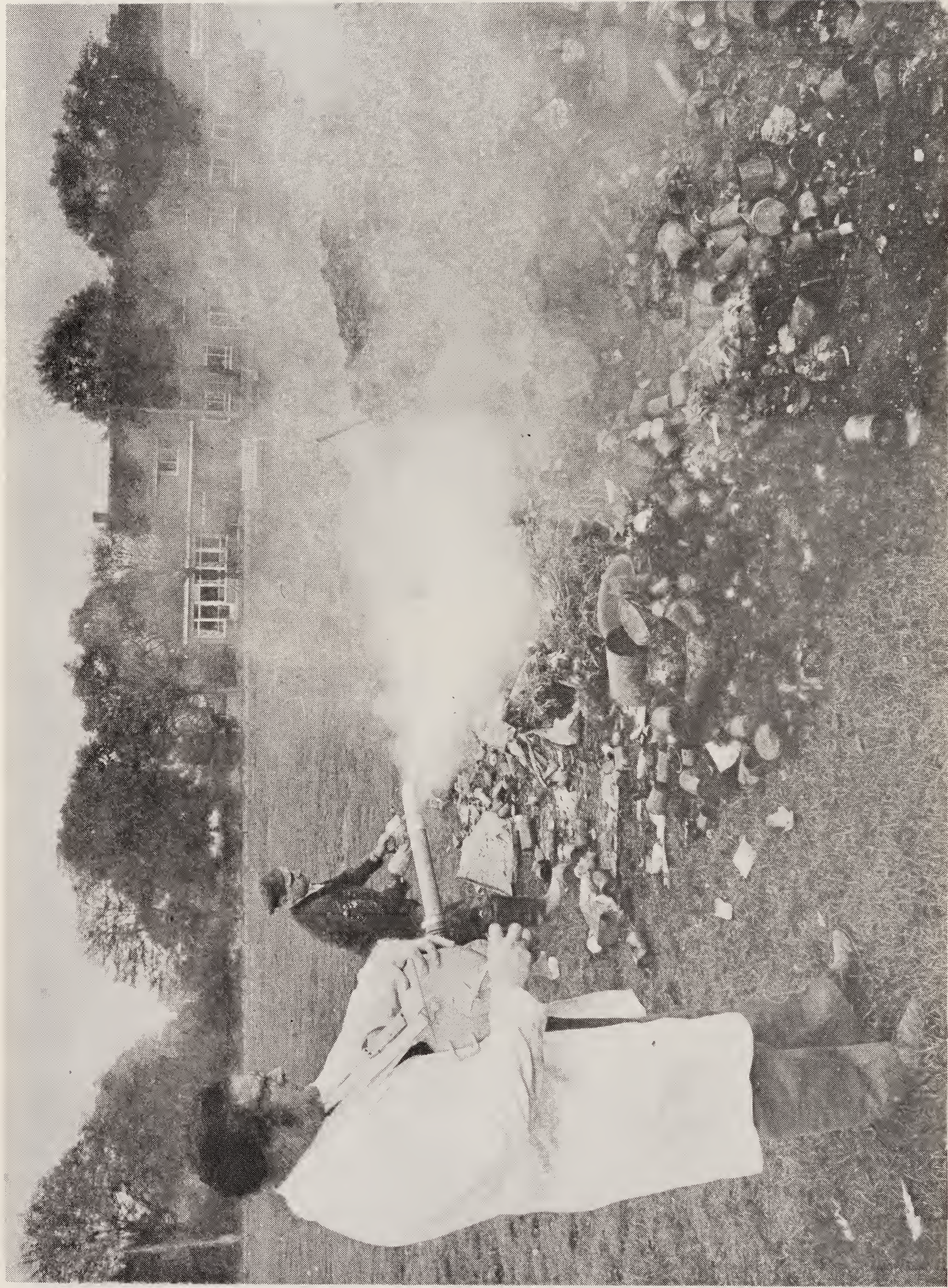
PLATE 4.



PLATE 5



PLATE 6



ENVIRONMENTAL HEALTH

(E.W. WARD, F.A.P.H.I., F.R.S.H., M.A.P.C.A.(U.S.A.)
Chief Public Health Inspector)

AIR POLLUTION CONTROL

The whole of Redbridge - some 14,000 acres - became smoke controlled on the 1st July, 1971. The first Orders were made by the former Councils of Ilford, Wanstead and Woodford in 1960 and 1961 and from 1965 the staff of the Redbridge Health Department have been actively engaged in continuing the succession of Smoke Control Orders - 22 in all - which have been made by the Councils. The abolition of domestic smoke by the promotion of control areas is unique to Great Britain. Nowhere in this country have results been more dramatic than in Greater London where, in the past decade visible smoke has been virtually eliminated and the invisible fumes of sulphur dioxide reduced. Redbridge can feel proud of its contribution to this effort. Unfortunately air pollution does not admit boundaries and we must be realistic and remember that there are authorities even on our boundary who have not yet done anything about controlling domestic smoke. The Clean Air Act was amended in 1968 to give the Government power to compel laggard local authorities to implement smoke control programmes, but so far they have not invoked these powers.

Although the visible smoke has been reduced by implementing the domestic smoke control provisions of the Clean Air Act, pollution by sulphur dioxide fumes has not been reduced to the same extent. There is no direct national control over the emission of sulphur dioxide although indirectly the height of new chimneys, which can be controlled by the local authority, gives some degree of protection. In some parts of the country local authorities have promoted private acts of Parliament to restrict the sulphur content of fuel oil. This has been done by the City of London and other authorities are considering similar legislation. In New York flue gases must not contain more than 0.2% sulphur dioxide by volume, fuel oil must not contain more than 1% sulphur by weight, and solid fuel not more than 2.2%. Paris has similar but not quite so stringent control over the sulphur content of fuels. Much more will have to be done in the future by local authorities, probably by promoting their own private acts to restrict the emission of sulphur dioxide to the atmosphere. The

Department has air pollution monitoring stations throughout the borough continuously recording the levels of smoke. The figures over the years show a dramatic fall in air pollution from visible smoke. At an Ilford Central Station for example prior to smoke control being implemented some twelve years ago the average smoke content of the atmosphere was 168 micrograms per cubic metre. In 1971 the yearly average has been reduced to 51 micrograms per cubic metre. The recording station at Oak Hall Court shows that prior to smoke control figures of 132 micrograms per cubic metre for smoke and 190 micrograms per cubic metre for sulphur dioxide were recorded as yearly averages. Last year the averages at this station were 38 and 72 micrograms per cubic metre respectively. By way of comparison it is interesting to abstract from the annual statistics the figures for some other parts of the country.

Wigan in Lancashire for example shows a yearly average of 183 micrograms per cubic metre for smoke and 144 micrograms per cubic metre for sulphur dioxide. The London Borough of Camberwell shows an average of 67 and 186 micrograms per cubic metre for smoke and sulphur dioxide respectively, and Brighton long regarded as the place where people go for fresh air shows figures which are roughly comparable with Redbridge, their yearly average during 1971 was 46 micrograms per cubic metre for smoke and 62 micrograms per cubic metre for sulphur dioxide.

Many people complained that the noxious fumes from road vehicles had replaced industrial and domestic as the greatest source of air pollution. Millions of tons of carbon monoxide, oxides of nitrogen, sulphur dioxides and lead, all of them toxic to human beings, are being spewed into the atmosphere of our congested roads. Car manufacturers are not convinced that devices to control these emissions will be effective, principally because they can be difficult to maintain, deteriorate rapidly and are often ineffective when fitted to old cars. The Medical Research Council, who have investigated the effect of air pollution on human beings, have been unable, so far, to point to any evidence that the obnoxious levels of pollution in the busy city streets and underground road tunnels are prejudicial to health. Despite this lack of evidence pollution levels have been recommended by air pollution control engineers, health inspectors and others anxious to improve the protection of the environment from the grosser forms of air pollution. The Police and Ministry Officials have powers governing the use and construction of vehicles to avoid the emission of smoke. Plans are in hand for controlling noise and reducing hydro-carbon levels in new motor vehicles and also for laying

down levels of smoke from diesel vehicles to comply with B.S. AY141A/1971. Apart from these measures no public health legislation exists and thus local authorities are powerless to exercise any control over this evil. Redbridge has taken steps to try and tackle this problem. At a joint conference of local authorities held in the Redbridge Town Hall on the 19th October, 1971 under the Chairmanship of Councillor Mrs. G.M. Chamberlin, J.P., Chairman of the Redbridge Health Committee, it was decided that local authorities in East London and Essex would be invited to combine their resources for monitoring the air in the streets. Concerted action is necessary because the work is very time consuming and the monitoring instruments very expensive. It is hoped that the G.L.C. will assist local authorities in this matter since their Scientific Branch is an obvious choice for co-ordinating the efforts of health inspectors throughout the London area.

Eventually we shall establish air quality criteria in this country and in order to do this we must know more about the highest daily rates of emission and concentrations at ground level of all the various air pollutants which are known to exist in our towns and cities and streets. Although the grosser emissions of visible smoke have been virtually eliminated by the policy of smoke control there is no room for complacency in the control of air pollution and constant measurement and control continues to be an important part of the work of a public health inspector.

We receive innumerable complaints during Spring, Summer and Autumn from people whose enjoyment of their gardens is spoilt by bonfires. All complainants are informed that if the smoke from the bonfire is so excessive as to cause a nuisance appropriate action can be taken by the Health Inspector under Section 16 of the Clean Air Act, 1956. In many cases a visit from the Inspector is sufficient to abate the nuisance, but in many other cases the bonfires are lit in the late evening and burn during the night when there is little chance of any official action being taken. In view of the considerable amount of money that has been spent by the Redbridge Council to make the whole of the Borough a smoke control area it is apparent that some more positive steps must be taken to control the burning of garden refuse. Some Local Authorities have inaugurated a garden refuse collection service whereby large plastic sacks are sold to householders to contain the garden refuse.

Smoke Control –
the National
Picture

The following table provided by the Department of the Environment shows the smoke control position in the regions of England at the 31st March, 1972. The percentage in columns (3) and (5) are percentages of the total acreage and of the total number of premises in the black areas concerned. In practice it may not always be necessary for the whole of the black areas Authorities district to be covered by smoke control areas, for example, where there may be some areas of open country.

(1) Region	(2) No. of black area acres covered by smoke control orders confirmed or awaiting decision	(3) Percentage of total black area acreage in region covered	(4) No. of black area premises covered by smoke control orders confirmed or awaiting decision	(5) Percentage of total black area premises in the region
Northern ...	46,108	36.8	186,524	33.7
Yorkshire and Humberside	211,392	56.1	717,007	60.5
East Midlands	76,789	28.6	232,530	45.5
Greater London	271,021	82.9	2,307,167	87.4
North Western	216,377	53.9	906,957	53.3
West Midlands	93,957	37.7	428,770	40.8
South Western	7,505	28.5	28,697	19.3
Total(black areas)	919,904	51.9	4,758,358	61.2
Outside black areas	180,963	—	557,918	—
GRAND TOTALS	1,100,867	—	5,316,276	—

FOOD CONTROL

Food inspection is an important facet of the work of Health Inspectors. Meat is examined in the cold stores and places of manufacture, in the butchers' shops and in the supermarket displays. Any that is diseased or unsound is condemned. Other foods are examined at places of manufacture, wholesale and retail premises, in the supermarkets and in the shops. Public Analysts are continually examining foodstuffs to detect impurities and swift action is taken when these are found. Stringent quality control tests are applied by the leading food firms who are in constant collaboration with local Health Inspectors. All these measures can be rendered ineffective by careless handling and preparation in restaurants, shops and in the home. This is particularly important when dealing with cooked meats, gravies, meat pies, cream cakes and made up foods. If the house is without constant hot water or the sink has to be used for all household chores and personal washing, as is the case in many thousands of homes in this country, the risk of food poisoning is high. Some 2000 cases of food poisoning are recorded each year and many more are never reported. Although general outbreaks associated with public restaurants and mass cooking have fallen steadily since the food hygiene regulations became effective, family outbreaks have not dropped to the same extent. Some of the family outbreaks originate from food contaminated outside the home with careless handling; food storage and preparation within the home is probably the greatest single cause of the outbreaks.

Concern has been expressed by the Redbridge Health Committee over the delay that can arise between a Health Inspector visiting and reporting upon grossly insanitary food preparing premises and the case being heard in the Magistrates Court. Until the case is heard and the conviction obtained, the premises can continue preparing food in these conditions. On the other hand, food unfit for human consumption can be seized by the Public Health Inspector and taken immediately before a Magistrate who can authorise its destruction. The Redbridge Health Committee have decided to seek powers for a single Justice sitting at a Magistrates Court to make an order to close insanitary premises until a full hearing of the case. They are referring the problem to the London Boroughs Association for an approach to be made to the Greater London Council for these powers to be included in their next General Powers Bill. The Committee heard that the City of Manchester had these powers

under a local Act and this provides for a single Justice to act immediately by making an interim order for closure of insanitary or defective premises which contravene the Food Hygiene Regulations and would be dangerous to health until the conditions are remedied. If the Court which subsequently hears the complaint considers that the conditions do not justify the making of an interim order, they may order the Council to pay compensation to the person whose premises were closed. The Manchester provisions also state that the Court may withdraw an order where the Chief Public Health Inspector certifies that the state of the premises has been remedied. The person has a right of appeal against the refusal or failure of the Inspector to give such a certificate.

Date
Coding

Considerable debate has taken place in the National Press, at conferences and in Local Authority committee rooms as to the desirability of date coding of food. This is sometimes known as the "death date" whereby the housewife, particularly when visiting a supermarket, is able to pick up a packet of foodstuff and see the recommended date after which the food should not be eaten. In order that we could assess the situation in Redbridge a survey of those foods already bearing codes was carried out in the early part of 1971. The results show that over 50% of all the food shops were displaying for sale items of food that were out of date. In one instance a fruit cake over three months old was found on sale. In other instances individual fruit pies with dates that had expired some fourteen days before were discovered. It was obvious in many instances that retailers did not understand the codes used by manufacturers. In some cases this is a deliberate ploy by the manufacturer. The codes are guarded jealously and changed frequently. If the date stamping of perishable food is to have any value manufacturers must accept the principle of open date coding. The principal disadvantage is of course that the length of life of so many perishable foods depends entirely on the way in which they are stored in the shops. If food is kept at the right temperature it will be safe to eat long after food which has been subjected to fluctuations in temperature is unfit. All open dates on food must be associated with stringent control of storage conditions and to this end more Health Inspectors will be needed to ensure more regular inspection, particularly of supermarkets. Another hazard associated with the dating of foodstuffs is the re-wrapping of goods which have become out of date. It is not unknown for meat which looks a little tired beneath its cellophane or plastic wrapping to be taken back into the food preparing room usually

at the rear of the store to be re-wrapped and made to look more attractive for the next day's business.

Licensed Premises

Licensed premises continue to pose many public health problems not least of which is the exposure of food for sale in totally unsuitable conditions. It is quite common to find people serving food in public houses from an open display on the counter which is subjected to direct contamination by spillage of beer, customers clothing, cigarette ash and droplets from customers' coughing or sneezing. Meat pies, sausage rolls, shepherds' pies and the like are strewn indiscriminately around the counter unprotected at room temperatures which are conducive to the growth of food poisoning bacteria. The food preparing rooms are often no more than a converted house kitchen and quite unsuitable for mass catering. The facilities for the cleansing and preparation of the equipment used for producing the food are often inadequate and the assistants behind the bar frequently do not wear clean protective clothing when dispensing food. Constant inspection and recourse to prosecution where necessary appears to be the only answer to the problem. The rapid turnover in staff almost precludes any effective training. The staff training problem is aggravated by the fact that the catering trade probably employs more casual part-time work than any other industry in the country. The Licensing Justices have invited the Redbridge Health Inspectors to attend the Courts when applications for licenses are being heard and the Health Inspectors observations have proved most valuable to the Justices. In some cases the Justices have withheld a licence until the sanitation in the public house has been improved. During 1971 over 70 public houses in the Borough were subjected to a detailed inspection and in 63 cases contravention of the Food Hygiene Regulations, some of a serious nature, were found to exist.

As an example of some of the basic faults which are discovered it was found that not one public house in the whole of the Borough was using a bactericidal agent for the washing of customers' glasses. When basic principles such as this are neglected it is obvious that other equally important facets of food hygiene are being ignored.

The Food Hygiene Regulations 1970

A considerable proportion of the time of the inspectorate has been spent visiting premises and advising food traders and manufacturers. It is important that the inspectorate are regarded not only as enforcement officers but also as people to whom food traders can turn for help or

advice at any time. We have continued to foster good relations between the department and the food trade and a number of people are now in the habit of telephoning us to ask for our interpretation of legislation so as to prevent enforcement action at a later date should they unwittingly contravene the law. The major change in legislation during the year was the introduction of the Food Hygiene (General) Regulations, 1970. These regulations were designed to amend and consolidate the regulations of 1960 and 1962. Regrettably the new regulations make only minor amendments to existing legislation and do nothing to improve the conditions found in grossly insanitary premises referred to earlier in this report.

Apart from the need to give the Chief Public Health Inspector powers to report insanitary conditions to a Magistrate with a view to immediate closure, there is also the need for the local authority, preferably through its planning legislation, to have power to require the prior notification of the opening of any food business. This would prevent many of the unsatisfactory conditions arising due to businesses being started in premises which do not comply with the Food Hygiene Regulations.

Food Complaints

We received 71 complaints from the public relating to unsound food during 1971. Legal proceedings were instituted in 19 cases. The majority of the complaints referred to foreign objects in the food. These included the usual oddities such as a nut and bolt in a currant bun and a safety pin in a sausage. Thirty-three complaints alleged physical unfitness of the food and one complaint alleged that the food was not of the nature substance or quality demanded by the customer. It comprised a tin of strawberries which, when opened, was found to contain only one whole strawberry, the remainder being in a pulped condition. The Council decided that this was a justifiable complaint and legal proceedings were instituted.

Bacteriological Control

All types of foodstuffs are constantly sampled by the inspectorate and subjected to chemical analysis or bacteriological examination. The department receives expert advice and assistance from Dr. Bernard Dyer, Public Analyst, and Dr. B.H. Thom, Director of the Public Health Laboratory at Whipps Cross Hospital. During the year some 292 samples were obtained from food premises throughout the Borough. One interesting case concerned a sample of tinned prunes which had been purchased from the local branch of a national firm. The prunes contained excessive quantities of dissolved metals in the form of 710 parts per million of tin and 91 parts per million of iron. Investigation by the inspectorate revealed

that some tins on display had been in stock for over five years. The company immediately withdrew the goods from sale at all their branches throughout the country. The Health Committee decided that this was a clear case of complete disregard for efficient stock rotation and legal proceedings were instituted.

Bacteriological control is playing an increasingly important role in enabling food manufacturers and retailers to identify those areas of their business which are most likely to give rise to food poisoning or deterioration of the foodstuffs. During the year the inspectorate obtained some 162 samples which included swabs taken from working surfaces and utensils in order to check on the efficiency of the cleaning procedures. It is expected that this method of evaluating the hygienic condition of the food premises will continue to expand. Much of the bacteriological sampling work is associated with the investigation of food poisoning cases. The inspectorate were involved in an outbreak of particular interest and I am indebted to Dr. Thom for his permission to reproduce the following report:

"A child of seven years of age was admitted to Whipps Cross Hospital on the 9th August, 1971 with a temperature of 101°F and abdominal pain. She was observed as a possible appendicitis and her symptoms cleared spontaneously. She had attended a wedding reception in Barking on 7th August and was said to have been taken ill although she had had previous attacks of similar abdominal pain. *S. Saint-Paul* was isolated from her faeces on the 19th August, 1971 and later from three other members of her family. Two other guests at the reception are known to have had diarrhoea but the majority had not been traced. On the 12th August the London Borough of Newham Health Department was asked by a local doctor to investigate a family outbreak of suspected food poisoning. The first person was taken ill on the 9th August and three others on the 10th August, they and another relative living in the same street and who was also ill had attended a wedding reception in Newham on the 7th August, 1971. *S. Saint-Paul* was isolated from four of these five people and from one other person who attended the reception. On the 12th August, 1971 the London Borough of Barking was informed that two employees of a food and clothing store had developed gastro-enteritis on the 8th August, 1971 and that they had attended a wedding reception in Dagenham on the 7th August, 1971. Specimens of faeces from one of these patients was negative the other yielded *S. Saint-Paul*. Eight other families who attended the reception also suffered from gastro-enteritis and *S. Saint-Paul* was isolated from eighteen of the seventy-nine guests. Further enquiries revealed that catering at all three of the receptions quoted above was done by a firm in Barking. None of the food prepared for the 7th August, 1971 was available for examination. The firm had catered for six receptions on the 7th August, 1971 but no illnesses were reported from the other three. The suspected foods were turkey, pork and ham, although

only turkey was common to the three receptions. The caterers obtained cooked meat from two different suppliers and sliced and distributed the portions on their own premises. None of the staff employed by the catering firm reported having gastro-intestinal symptoms but *S. Saint-Paul* was isolated from six out of the forty-four persons examined. The ham and pork were prepared in small and extremely busy premises where hygienic conditions were unsatisfactory. The cooking time was adequate but there was only a single working surface for the preparation of both raw and cooked meats. No pathogens were isolated from the surfaces in the shop or from the samples of cooked meats or from swabs taken in the drains. The shop in the London Borough of Redbridge producing the turkeys was found to be in an unhygienic condition. Fresh turkeys were obtained from dealers in Smithfield Market and were taken to the owner's home for cooking. The cooked birds were brought back to the shop and stored in the same refrigerator as uncooked birds.

S. Saint-Paul was isolated from the floor of the shop but not from the utensils, working surfaces, fresh giblets, cooked meats or from the owner and his wife. It seems likely that one or more turkeys infected with *S. Saint-Paul* were cooked insufficiently. It was not possible to trace the source of the turkeys at Smithfield Market."

The sequel to the above report is that the unhygienic conditions found to exist in the shop were the subject of legal proceedings.

Milk Registration

Local Authorities are responsible for the registration of milk distributors and dairies and they may refuse or cancel the registration if they think that the methods of storage or distribution are likely to endanger public health. Considerable precautions are taken to ensure that milk is protected against contamination or infection, and apart from inspecting dairies, premises selling milk, the inspectorate take samples of milk to ensure that they comply with regulations relating to pasteurisation, sterilisation, composition and quality. All the samples proved to be satisfactory. Although it is generally recognised that adequate heat treatment combined with hygienic conditions in the dairy is the only way of ensuring that milk is free from disease, there are nevertheless many people who prefer to drink raw untreated milk. One dairy farmer in the district sells raw milk and the samples taken during 1971 all proved to be satisfactory.

Ice Cream

There is no statutory bacteriological standard for ice-cream and it is usually graded between 1 and 4; grades 1 and 2 are generally regarded as satisfactory and grades 3 and 4 as below standard. A total of 88 samples were taken during the year of which some 32 were found to be

below standard. This is believed to be due to the return to popularity of open ice-cream. This is sold by dispensing from an open tub using a scoop and obviously far greater care must be exercised in the storage and handling of this type of ice-cream than is necessary with the more conventionally wrapped product. Much time was spent by the Inspectors investigating retail storage conditions and advising traders on appropriate and improved hygienic practices. In several instances poor results were found to be due to the ice-cream being stored at the incorrect temperature. Retailers and suppliers it would seem seldom check the actual temperature of a storage cabinet. If it seems to be cold it is regarded as satisfactory when not infrequently it is unsatisfactory. A valuable addition to the regulations would be a requirement that all refrigerated storage cabinets should display a recording thermometer and that this thermometer should be regularly checked for accuracy.

Food Hawkers

Food hawkers operate throughout the Borough and some have been on their present site for many years. Their methods of handling, storing and preparing food usually leaves much to be desired, but this does not seem to affect their trade or popularity. One can only assume that the public are not concerned or are unaware of the dangerous practices in which many of these street traders are engaged. There is usually nowhere for them to wash their hands after visiting the street convenience, and nowhere for them to wash their equipment even at the end of the day when many of them take the unsold food out of the Borough to unknown addresses or leave it stored in the van parked in the street. Hawkers of food are required to register with the Local Authority in the area in which they trade and of course many of them trade in many Local Authority areas. During 1971, 102 registered hawkers of food were known to be operating in Redbridge, at the end of the year some fourteen prosecutions had been authorised by the Health Committee. There has been a marked increase in the number of itinerant traders selling hot dogs to late night customers. These traders operate mostly at weekends and usually trade between the hours of 10 p.m. and 2 a.m. The inspectorate have co-operated closely with the local police in making late night visits which has resulted in a number of traders ceasing to carry out their business in unsatisfactory conditions. Late night and early morning inspections of premises registered as night cafes and late night refreshment houses has resulted in many improvements to these premises.

During 1971, 5 tons 3 cwt 84 lbs. of unsound food were voluntarily surrendered to the department as unfit for human consumption, thus obviating the need for seizure and legal proceedings.

SANITATION

The Department was involved in a considerable amount of routine work ensuring that the sanitary condition of the district was satisfactory. This embraced many basic matters such as the repair and maintenance and cleansing of drains and sewers, the elimination of accumulations and deposits, the investigation of nuisances involving insanitary conditions, the fumigation, disinfection and disinfestation of premises including the treatment of sewers for the elimination of rats and mice, the cleansing of filthy and verminous premises not infrequently associated with the removal to hospital of people who were incapable of keeping themselves and their premises clean. All this work is carried out in close liaison with the other departments of the Council.

Sanitary Squad

The cleansing of filthy or verminous premises has long been a difficult problem. Not infrequently filthy or verminous premises are occupied by persons who are incapable of looking after themselves in their home. More often than not they are already known to the social worker for the district and are usually receiving assistance from a home help. When deterioration reaches the point where near relatives, neighbours, social workers and the home help can no longer cope, the Health Department is called upon to perform one of its most distressing duties – the voluntary or forceable removal of the person to hospital or other accommodation where they can be looked after. It should be emphasised that not all filthy or verminous premises are occupied by people who are incapable of looking after themselves. Quite often dirty houses are occupied by beatniks, eccentrics, squatters and tramps and when neighbours complain the Health Inspector must take some action. During 1971 the Health Committee decided to form a Sanitary Squad composed of volunteers from the Health, Social Services and Cleansing Departments. This squad will be composed of men and women who will receive extra pay as an inducement to carry out the distasteful duties associated with cleaning out insanitary premises. Invariably there are accumulations of clothes, soft furnishings, bedding, carpets soaked in urine and stained with faeces. Before any cleaning can be carried out we often have to call upon the services of the Cleansing Department without whose help it would be impossible to manage. On one occasion they removed ten tons of rubbish, including urine filled milk bottles and noxious matter contaminated with

faeces. In other cases the Health Inspectors, Home Helps and others have been involved in similar cleaning exercises. The Sanitary Squad will have equipment such as an industrial vacuum cleaner, carpet cleaners, washing machine and special laundry facilities for soiled clothing and soft furnishings together with suitable transport. It is hoped that by forming a Sanitary Squad we shall be able to deal with cases brought to our attention by social workers before they get so bad that the occupants have to be removed to hospital. It is hoped that by tackling the problem early the local authority will be saved the heart-breaking task of forceably removing people from their homes.

Pest Control,
Cleansing of
Sewers and
Drains, etc.

The pest control, disinfection, drain clearing and allied duties were reviewed during the year. For many years now rodent control has been carried out by full-time operatives who also deal with miscellaneous complaints relating to the eradication of wasps' nests, pigeons etc. These men, in addition to carrying out all the surface treatment for rats and mice have occasionally been engaged in the treatment of rats in sewers. During 1971 because of the increase in the numbers of insect pests and wasps nests the eradication of which is time consuming, the men were unable to carry out any rodent control work in the sewers.

A private firm was employed to treat the sewers and this alleviated some of our difficulties, but only in the short term. The private contractors only carry out one treatment and they do not go back to the various places where poison has been laid to check on its effectiveness because to do this the cost to the Council would be excessive. Although this operation was satisfactory for one year it is not a system which could be recommended to be continued permanently. A properly organised sewer control programme requires regular treatments and many revisits to areas where infestations are believed to be heavier than elsewhere in order to check the effectiveness of the poisons and the methods of treatment. It would clearly be much too expensive an exercise to employ a private firm to carry out work of this nature. A survey was carried out to demonstrate that Redbridge had rather less staff engaged on rodent and pest control and allied services than many other authorities of comparative size. The pest control operatives have been accustomed to receiving casual assistance, particularly in dealing with insect pests, from men who are primarily engaged as disinfectors, drivers and drain cleaners. Experience has shown that if pest control is to be effective it must be

done by men who are properly trained, who are prepared to study modern techniques, and willing to attend refresher courses organised by the Association of Public Health Inspectors and the Ministry of Agriculture, Fisheries and Food. This should be reflected in the pay of the operatives. The days when men were employed in casual fashion as rat catchers have gone and are unlikely to return in view of the sophisticated methods of treatment now required. Nowadays, for instance, a great variety of pest problems arise particularly with the use of large food containers which are off-loaded at the ports and delivered directly to retailers in the Borough, where not infrequently our staff are called upon to deal with infestations which result. It is expected that this container traffic will expand and the associated problems grow correspondingly. In view of these problems the Health Committee decided to eliminate the rigid lines of demarcation and to encourage the interchangeability of the men and not employ them specifically as drain cleaners, labourers, disinfectors, drivers and rodent operatives. With such a relatively small force as is employed by most Local Authorities, this specialisation causes too many difficulties when one or other of the men is off sick and although they do sometimes co-operate by helping each other, different rates of pay for different grades of work complicate the issue. It was therefore decided to have a team of men described as general assistants controlled by a senior technical assistant. The men have been transferred to the officer grade of the department's establishment and are currently undergoing training in all aspects of the technical duties in which they will now become involved. This will provide career opportunities for men to progress from general assistant to technical assistant and has been welcomed enthusiastically by the men involved.

The service to the public for cleansing of Public Sewers and Drains continued during the year when 2,320 blocked sewers and drains were cleared by the staff of the Health Department. An additional 49 required specialist equipment supplied by the Borough Engineer and in an additional 58 cases private contractors had to be employed in order to carry out works of excavation and repair.

Home Laundry Service

The Local Authority continued to provide a free Home Laundry service under Section 84 of the Public Health Act 1936 for the cleansing of articles so soiled as to be insanitary and a danger to health, such as bedding and personal clothing of aged and incontinent persons.

By arrangement with the Regional Hospital Board, 8,267 articles were cleansed during the year at the Goodmayes Hospital Laundry on behalf of 48 persons.

Burials Under
National
Assistance
Act, 1948
(Sect. 50)

Under the terms of the National Assistance Act 1948, Section 50, five persons, without known relatives or in respect of whom no other suitable disposal arrangements were being made, were buried or cremated at this Authority's expense.

Mortuary

The Redbridge Mortuary accommodated 581 bodies during the year, 376 of these being admitted from the borough with 138 from the London Borough of Barking and the remainder from other neighbouring boroughs. The figures relating to the occupancy were lower than those for the previous year due, in the main, to its closure whilst certain necessary alterations and decorations were carried out. These works were the minimum that could be effected to permit the mortuary to function at an acceptable level but were regarded as purely a temporary measure until the future proposals for a new mortuary, possibly to be build in conjunction with the Regional Hospital Board, could be clarified.

Water
Supply

I am indebted to Dr. E. Windle Taylor, Director of Water Examination, Metropolitan Water Board, for the following report on the water supplies in Redbridge.

"The supply was satisfactory both as to quality and quantity throughout 1971; all new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after the analytical results are found to be satisfactory. The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated. The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar General's estimates at 30th June, 1971 was 128,723. No houses were permanently supplied by stand-pipe. No artificial fluoride is being added, and where the fluoride content is indicated in the analysis it represents the naturally occurring

fluoride in the water. The supply was derived from the following works and pumping stations: The western half of the Borough is supplied with water from Lea Bridge Works, and between May and September also from Coppermill Works. Parts of Ilford receive well water from Wanstead Pumping Station. The eastern half of the Borough is supplied by Essex Water Company. No new sources of supply were instituted, and there were no changes to the general scheme of supply in your area. The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on the attached sheets. On account of their hardness content and alkaline reaction the Board's river and well water supplies are shown to be plumbo-solvent, it should however be appreciated that all types of water pick up varying amounts of metal from the material water piping, particularly when it is newly installed; this applies to copper, zinc, iron and also to lead."

The eastern half of the Borough is supplied by the Essex Water Company. I am indebted to Mr. Gordon Spencer, Director, General Manager and Engineering Chief of The Essex Water Company for the following report.

"The water supply of the whole of your areas has been satisfactory in quality and quantity, no action has been necessary in respect of any form of contamination. A number of dwelling houses supplied as at the 31st December, 1971 was 36,070, and the population as obtained from the Registrar General was 110,480. We are unable to state the number of houses supplied by stand-pipe, but the total is quite insignificant. We do not make frequent fluoride determinations but on the basis of past results the fluoride content of the major sources of river derived water is put at 0.25 ppm, and of minor underground sources at 1.0 ppm. The sources serving the London Borough of Redbridge are: Chigwell Row Treatment Works (river supply); Ilford Mill Station, Mill Road; Seven Kings Well Station, Grove Road; Roding Well Station, Roding Lane North. Approximately 500 samples of treated water were collected from these sources and distribution network last year. Coliforms were absent from all samples."

I am indebted to Mr. E. Bryant, Borough Engineer and Surveyor for the following reports:—

Refuse Collection and Disposal

"Deliveries to the new G.L.C. incinerator at Edmonton of refuse collected principally in Snaresbrook, Bridge and Woodford wards began in April and the transfer platform at Chigwell Road Depot was closed. A total of 67,255 metric tons of refuse was collected during 1971 and of this total 52,182 metric tons were delivered to the G.L.C. disposal point at Fairlop; 14,831 metric tons to the G.L.C. disposal point at Edmonton and 242 metric tons to other disposal points. The future of waste paper recovery in Redbridge remains undecided. In my report last year I explained that there is little or no financial profit to be made by a Local Council in this field. The merit of separation lies in the advantages to refuse collection and disposal techniques. Additionally it is held to be in the national interest to make waste paper available for paper board making and thus reduce the level of wood pulp imports. The pre-requisites of a viable enterprise are large scale and efficient operation, both in collection and baling; a fair price for the product, and a reliable outlet for every ton recovered. Unfortunately the waste paper industry is particularly sensitive to changes in the temperature of the national economy and market failures of varying degree are not uncommon. The Council has considered proposals for a collection service wholly divorced from refuse collection and joint baling arrangements with neighbouring authorities; these can only proceed if a subsidy is available from the Refuse Disposal Authority (G.L.C.), market conditions can be forecast with some confidence. It is hoped that decisions can be taken in 1972. In 1971 the Board Mills were compelled to reduce intake by 20% after October, and the situation was unchanged when 1971 closed. During 1971 the department salvaged 1,213 tons of waste paper; 7.13 tons of mixed rags; 1.88 tons of carpets and .47 tons of wool.

Irresponsible people persist in dumping unwanted rubbish in rural and semi-rural areas. I am pleased to report this year that road improvement schemes in Woodford Bridge Road/Roding Lane South and Loxford Lane and the first stages in the development of the temporary bungalow site in Forest Road have compelled the offenders to look elsewhere, and, with doubtful satisfaction, it can be said that they appear with minor exceptions to have looked outside Redbridge. In November the Council decided that from 1st April, 1972 collections of furniture and chattels shall be a free service and it is hoped this step will eliminate the fly-tipping problem entirely. I feel bound to mention the question of mud brought on to the public highway by vehicles employed by contractors

engaged in site development. The mud is sometimes spilled from the load but more often it is carried on the vehicles' wheels. A busy site can be the source of major nuisance turning the highway into a farm track in a few days. The wrath of local residents is raised and frequently they blame the local cleansing section rather than the culprits. The Cleansing Section is faced with a workload which must be dealt with by a force shaped and equipped to deal with ordinary routines which of course determines its size. In my view the problem is serious enough to justify legislation requiring contractors to instal wheel washing equipment as a matter of course. Last year I mentioned work study and productivity schemes as a possible solution to our labour recruitment difficulties. The difficulties have persisted in 1971 and made strict adherence to weekly sweeping of residential streets impracticable. I am not as yet unfortunately able to report any tangible progress, but it can be said with some confidence that the chances of reaching agreement with the workpeople in 1972 and introducing a reorganised service are distinctly bright.

Public Baths

The regular examination of public bath water taken from Fullwell Cross, High Road and Valentines Open Air Pool have taken place during 1971. The examinations have been conducted by the County's Public Health Laboratories at Chelmsford and all were found to be satisfactory. Attendances at the swimming pools were as follows: Fullwell Cross 314,608; High Road Baths 302,362; Valentines Open Air Pool – Summer season – 41,557. Eight school pools, four indoor and four outdoor come under the control of the Baths Section of the Borough Engineer and Surveyor's Department in respect of water filtration and purification. Water tests carried out were found to be satisfactory.

Conveniences

It has been evident for some time that the need exists for new public conveniences in Seven Kings Park and it was thought that a site on the boundary fence would serve the requirements of people using the park and patrons of the shops in Aldborough Road. Ten objections were received by the Council and after consideration it was decided that the building is to be set back into the park about 10 metres. Another proposal for a new convenience near to George Lane shops was also agreed during 1971, it has been decided to erect the building in Eastwood Close car park. Both the new conveniences will have the full range of services and no charges will be made for their use. Provision will be made to accom-

modate the special needs of disabled persons. A temporary mobile unit was installed in the car park at Sir James Hawkey Hall pending a decision to find a permanent site.

Main Drainage

Main drainage progress on the relief of flooding in the Borough continued during 1971 when the following works were completed.

(a) Cranbrook Stage III Extension Surface Water Sewer ...	£ 83,000
(b) Goodmayes Lane/Trenance Gardens Surface Water Sewer	£106,000
(c) Barley Lane/Langham Drive Surface Water Sewer	£ 76,735
(d) Empress Avenue Housing Development Soil and Surface Water Sewers	£ 29,125

Works scheduled to commence in 1972 are as follows at an estimated cost as shown.

(a) Elmbridge Road to Huntsman Road Soil Sewer	£ 19,375
(b) Cranbrook Road to Dr. Barnardo's Surface Water Sewer...	£ 41,580
(c) Fairlop Lake - Clearing of Silt and Debris	£ 7,280
(d) Nutter Lane - River Roding Storm Overflow and Surface Water Sewer... ..	£ 96,675
(e) Eastern Avenue/Aldborough Road to Seven Kings Water Surface Water Sewer	£ 73,000
(f) Wynn Valley Surface Water Sewer	£775,000
(g) Television Survey of Sewers to determine condition ...	£ 15,000 "

HOUSING

The Inspectorate are involved in much work associated with the repair, improvement and rehabilitation of houses which are in disrepair. Houses which are beyond repair at reasonable expense and unfit for habitation are closed or demolished as circumstances permit. Since the Housing Act 1969 was introduced the Inspectorate have carried out much work associated with the issue of Qualification Certificates, which are issued to landlords applying for applications to increase the rent of private dwellings. If the dwelling does not come up to standard a Qualification Certificate is refused, and this has the effect of ensuring that necessary repairs and improvements are carried out before the rent is increased. The work is complicated and demanding and involves daily consultations with owners, builders, estate agents, rent officers and others so that the work will proceed smoothly and involve the Council in a minimum amount of appeal work to the County Courts.

Housing and Public Health Acts

Many attempts have been made to implement the armoury of legislation designed to control the squalid and sometimes dangerous conditions associated with houses let in multiple occupation. Currently, we are using various provisions of the Housing and Public Health Acts which may be summarised as follows:

Fire precautions and means of escape in case of fire: Requiring owners of property to carry out alterations and improvements such as the provision of internal and external escape routes, fireproofing of doors, windows, partitions, gas meter enclosures, artificial lighting, marking of escape routes, etc.

Limitation on the number of occupants: Fixing a limit on the highest number of households and individuals who may occupy a house having regard to the size of the rooms and the existing facilities and endeavouring to determine by revisits that the permitted number of occupants is not exceeded when the premises are re-let.

Provision of facilities: Ensuring that the various lettings are provided with adequate lighting, ventilation, water supply, personal washing facilities, drainage and sanitary conveniences, facilities for the storage, preparation, cooking of food and for the disposal of waste water, installations for space heating or for the use of space heating appliances.

Repairs to the fabric and fittings of the building: Often involving the service of extensive repairing notices.

Closure of parts of buildings: For example basement lettings which are unfit or top floor rooms which are not provided with means of escape in case of fire.

Houses in Multiple Occupation

It is not known precisely how many houses in Redbridge are in multiple occupation, it is believed that there are some 8,000 which are occupied by more than two households and possibly in the region of 5,000 occupied by more than two families. A systematic house to house survey of the properties believed to be in multiple occupation commenced during 1970 but had to be abandoned because of the pressure of other work. Several local authorities throughout the country have taken advantage of the provisions of the Housing Act 1969 which give local authorities additional powers to regulate conditions where multiple occupation is established to control the introduction of fresh multiple occupation. The Redbridge Housing Committee have now decided to introduce a registration scheme to cover the whole of the Borough.

Clearance Areas

During 1971 the following clearance areas were represented to the Council.

Redbridge Ley Street Clearance Areas Nos.1 and 2

These small areas embraced Nos. 18, 20, 22, 24, 26, 32, 34, 36 and 38, Ley Street together with all yards, gardens, out-houses and appurtenances belonging to the properties. The number of persons in occupation of the premises on the 23rd March, 1971 was 10 adults and 2 children. It was decided by the Council that the most satisfactory method of dealing with the conditions in the area was the demolition of all the buildings.

Redbridge Maybank Road Clearance Areas 1971

Three areas were involved in this representation. The first area embraced Nos. 72, 74, 76, 78, 80 and 82, Maybank Road, South Woodford. The second area embraced Nos. 230, 232, 234, 236 and 238 and the third area dealt with Nos. 256, 258, 260 and 262.

100 – 118 Horn Lane, Woodford Green

These properties were inspected and found to be in some respects unfit according to the provisions of the Housing Act. A private Development Company came forward and said that they were prepared to purchase the properties from the owners and carry out total rehabilitation and repairs with the aid of Improvement Grants. They proposed to preserve the best of the elevational features and, with the use of modern windows, make the cottages attractive and an asset to the area. The Committee deferred clearance action to give the company time to formulate their plans.

The Square, Woodford Green

An inspection of the properties in The Square revealed that they were in some respects unfit for habitation within the meaning of Section 4 of the Housing Act 1957. Some of the properties have been the subject of Closing Orders made by the former Wanstead and Woodford Borough Council. The Square is a conservation area and in view of this the matter was discussed with Borough Planning and Development Officer with a view to the total rehabilitation of the properties and the general improvement of the area. The Committee decided to give sympathetic consideration to the improvement of the whole of this area and in particular encourage the owners to render the houses fit by offering Improvement Grants and loans towards the cost of essential repairs to save the properties from closure or demolition.

Many unfit properties are dealt with by individual closure or demolition orders. During 1971 the following properties were the subject of unfit housing procedure.

<u>Address</u>	<u>Date of making of Order</u>	<u>Order</u>
67 Redbridge Lane East, Ilford	20. 4. 1971	Closing Order
69 Redbridge Lane East, Ilford	20. 4. 1971	Closing Order
43 Hermon Hill, E.11 (basement flat)	8. 7. 1971	Closing Order
1a Seven Kings Road, Ilford (basement flat)	17. 9. 1971	Closing Order
637 and 639 Chigwell Road, Woodford Bridge	17. 9. 1971	Closing Orders

<u>Address</u>	<u>Date of making of Order</u>	<u>Order</u>
645, 647 and 649 Chigwell Road, Woodford Bridge	17. 9. 1971	Closing Orders
24 Albert Road, South Woodford	22. 10. 1971	Closing Order
2 Oaklands Park Avenue, Ilford	8. 7. 1971	Demolition Order
3 Oaklands Park Avenue, Ilford	8. 7. 1971	Demolition Order
58 Snakes Lane, Woodford Green	8. 7. 1971	Demolition Order
21 Roden Street, Ilford	17. 9. 1971	Demolition Order
147 New North Road, Ilford	22. 10. 1971	Demolition Order
85 Highbury Gardens, Ilford	8. 7. 1971	Demolition Order
83 Highbury Gardens, Ilford	17. 9. 1971	Demolition Order

Appendix 25 shows the total number of instances where it was found necessary to serve statutory notices in order to effect repairs to render houses fit for habitation.

Long Stay Immigrants

Notification was received from Port Health Authorities of the expected entry to the Borough of 399 immigrants during 1971. All addresses notified were visited and where contact was made with the persons, they were urged to register with a General Medical Practitioner, and where necessary, appointments arranged for chest X-rays.

177 visits were also made under the Public Health (Aircraft Amendment) Regulations 1963, and The Public Health (Ships Amendment) Regulations 1963 because of persons who were not in possession of a valid international certificate of vaccination. This includes 158 visits made to residents in the Borough returning from holiday following an outbreak of cholera in Spain and Portugal.

Disinfection and Disin- festation

During 1971, 53 premises and contents were disinfected, and 65 premises were disinfested for verminous conditions.

Housing Act 1969 – Qualification Certificates

During 1971, 265 applications for Qualification Certificates were received under Section 44(1) and 102 applications under Section 44(2) of the Act. Certificates were issued as follows:-

Section 44(1)

Qualification Certificates issued	...	...	...	...	...	...	...	...	280
Qualification Certificates refused	...	...	...	...	...	...	...	...	93

Section 44(2)

Qualification Certificates issued	...	...	...	...	...	...	...	...	20
Qualification Certificates refused	1

Certificates of Provisional Approval issued	78
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Section 55

Certificates issued	5
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Land Charges Act, 1925

Regular enquiries are received and searches carried out to ascertain any outstanding notices or charges on properties arising from the operation of the various Acts and Regulations with which the Department is concerned.

6,291 enquiries were so dealt with during 1971.

OFFICES, SHOPS, FACTORIES AND WORKPLACES

Many offices have become very highly mechanised with more machines than one finds in factories. The differences have almost been eliminated in many instances. Constant inspection of all places of employment does not necessarily improve conditions quickly. Inspection does not change the pattern of human behaviour. There is a mass of legislation, regulations, orders and advice which has to be interpreted both by the employer, employee and the enforcement officer. It is quite impossible to effectively inspect all places of employment whether they are factories, workplaces, offices, shops, demolition and construction sites without having regard to the immediate environment. So often when the Inspectors visit a place of employment they come across external factors over which the employer has no control, but which affect the working conditions of his employees, e.g. the noise and fumes arising from road traffic on busy main roads which prevent the office workers from opening their windows to enjoy fresh and decent ventilation.

A summary of the reasons why Health Inspectors visit factories and all places of employment is appropriate in a year when Lord Robens served as Chairman of a Committee to conduct a general inquiry across the whole field of health and safety legislation in workplaces. The Inspectorate visit food processing and packing and storage premises to examine the foodstuffs, to ensure that the premises comply with the structural and sanitation provisions of the Food Hygiene Regulations. They have regard to construction, repair, lighting, heating, ventilation, water supply, refuse disposal, the sampling of foods and ingredients for chemical and bacterial examination. They also inspect the factory canteen. As part of the air pollution control function of the local authority they visit the boiler house, check smoke alarm devices, the method of firing the furnaces, and any processes involving the discharge of gases, grit, dust and smoke to atmosphere. They check noise levels from machinery likely to cause nuisance and check the incineration of waste. They check the drainage to ensure that effluents do not give rise to nuisance. Other miscellaneous duties in connection with the inspection of workplaces may relate to local planning conditions or local bye-laws or disinfestation or pest control.

The Offices, Shops and Railway Premises Act was introduced in 1964 for the purpose of specifically improving the health, welfare and

safety conditions of workers. The regular inspection of premises covered by this Act has resulted in the improvement of all these matters. During 1971 much work was carried out in implementing the Hoists and Lifts Regulations 1969 which make it the duty of occupiers of workplaces to report to the local authority any defective condition of their lifts or hoists. Five reports were received during 1971 and, following investigation undertakings from the occupiers were received that the defects would be remedied. One of the major problems has been the enclosing of lifts and hoists in public houses. Initially there was great opposition from the brewers to comply with this requirement on the grounds of cost, but after they had become aware that the local authority was prepared to enforce the regulations in the Courts if necessary, the required work was in most cases put in hand, and with a few exceptions all the hoists are now properly enclosed.

There is an obligation under the Act to notify the local authority of all accidents so that an immediate investigation can be made into the cause. Unfortunately it is still the larger firms that are reporting the majority of the accidents. The smaller shops and offices do not appear to be complying with the Act. The routine inspection of offices and shops highlights the need for proper maintenance of premises.

It would seem desirable to make one person in an organisation, however small, responsible for attending to the details of maintenance such as ensuring that the worn lino on the staircase is repaired, that the first aid kit is up to standard, that the fire extinguishers are properly charged and checked regularly, that the guards are on the machines, the central heating working efficiently, and a host of other matters which busy managers and employers tend to overlook. There are, however, model employers in Redbridge who are always ahead of the field and who regard the requirements of the Acts and regulations as being the absolute minimum and keep a vigilant look-out for any voluntary improvements which they can make. Generally speaking it is fair to say that if a shop or office looks clean and well maintained the chances are that it is an efficient business which pays full attention to the requirements of the legislation. The turnover of businesses is quite remarkable and it is almost impossible to keep an up to date register of the new occupiers of offices and shops. The Act makes it an offence for new occupiers not to register their premises with the local authority, but it would seem that many people new to the business world are not aware of this requirement

and many fail to register. During late 1969 the local authority became responsible for inspecting premises occupied by the Post Office. Previously they had been Crown property and exempted from the provisions of the legislation. They are now to be regarded as a private company.

During the course of the year the functions of the Shops Act Inspectorate were transferred to the Chief Public Health Inspector. Many of the duties under the provisions of the Shops Acts have to be carried out in the evenings and at the weekends in order to ensure compliance with the Acts.

The following tables show the class of premises subject to inspection under the Offices, Shops and Railway Premises Act, together with the number of premises newly registered during the year, and the number receiving one or more general inspections during the year. It will be noted that it was found necessary to serve 311 intimation notices in respect of contraventions of the Act. Table B gives an analysis of the persons employed in registered premises and Table C shows the prosecutions which were instituted during 1971. Table D gives an analysis of the causes of the accidents reported.

(A) REGISTRATIONS, INSPECTIONS AND NOTICES

Class of Premises (1)	Number of premises newly registered during the year (2)	Total number of registered premises at end of year (3)	Number of registered premises receiving one or more general inspections during the year. (4)
Offices	59	691	84
Retail shops	55	1,717	31
Wholesale shops, warehouses	—	52	1
Catering establishments open to the public, can- teens	34	197	60
Fuel storage depots	—	9	—
TOTALS	148	2,666	176

Number of visits of all kinds (including General Inspections)
to registered premises

2,354

Number of Intimation Notices served in respect of contra-
ventions of the Act

311

(B) ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES

Class of workplace (1)	Number of persons employed (2)
Offices	9,268
Retail shops	9,424
Wholesale departments, warehouses	947
Catering establishments open to the public	1,565
Canteens	100
Fuel storage depots	17
Total	21,321
Total Males	9,242
Total Females	12,079

(C) ANALYSIS OF CONTRAVENTIONS

Prosecutions instituted of which the hearing was completed in the year.		
Section of Act or title of Regulations or Order (1)	No. of Informations laid (2)	No. of informations leading to a conviction (3)
9(1)	1	1
10(1)	1	1
No. of persons or companies prosecuted		1
No. of complaints (or summary applications) made under section 22		Nil
No. of interim orders granted		Nil

(D) ACCIDENTS – ANALYSIS OF CAUSES

Machinery – Power-driven machinery or relevant part in motion	3
Machinery or relevant part at rest (power and non power driven)	1
Transport – Vehicle in motion moved by power	4
Vehicle stationary	4
Hand Tools	15
Falls of persons – On or from fixed stairs	6
On or from ladders or step ladders	3
Other falls from one level to another	2
Falls on the same level	13
Stepping on or striking against an object or person	4
Handling Goods	19
Struck by falling object	10
	<hr/>
	84
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Factories and Workshops

Most of the provisions of the Factories Act are administered by the Factory Inspector, but the Public Health Inspectors have three duties in respect of these which receive constant attention.

They are:

- (a) The inspection of canteens and food preparing factories under the Food Hygiene Regulations.
- (b) The approval of new furnace installations and chimney heights under the Clean Air Act, and observations and enforcement of contraventions from existing chimneys; and
- (c) The provision and maintenance of suitable sanitary conveniences within factories and workshops.

Regular inspections are also paid to outworkers resident within the Borough which number 190, 50 employed by firms within the Borough and 140 employed by firms outside.

Details of administration of the Act are contained in Appendix 23.

PUBLIC CONTROL

The Inspectorate are involved in much public control work which has been integrated with the inspection of offices, shops, factories and commercial premises. Public control covers many licensing and registration provisions administered by the Council and involves many inspections which have to be carried out in the evenings and weekends. It embraces such matters as the surveillance of street vendors, the registration of night cafes, the licensing of employment agencies and moneylenders, and investigations into the issue of permits for the use of machines under the provisions of the Gaming Act. So many public control functions are closely related to other aspects of the work of the Health Inspectorate that it was clearly in the interests of economy and efficiency for the local authority to combine the functions in one department.

Six-Day Trading

During the course of 1970 the Greater London Council Intelligence Unit completed a public opinion survey in the Borough to determine if there was any demand for six-day trading. The public were interviewed at principal shopping points and railway stations during the first two weeks of October 1971. The information obtained from the interviews was analysed and it was found that of the 3,457 people interviewed only 20% expressed a preference for a six-day trading pattern. The Ilford respondents who had experience of partial six-day trading were no more favourable to it than the total sample. Of the total interviewed 18% preferred late night shopping, and this particularly was the preference of 28% of those working full-time and 30% of the 18 to 24 age group. On the question of the most suitable early closing day 32% expressed the view that it did not matter and 23% opted for Monday and 27% for the traditional Thursday. Full details of the findings of the trading survey are contained in Appendix 21.

It was found necessary to institute legal proceedings in respect of many contraventions of the Shops Acts 1950/1965; Highways Act 1959 Section 121; Late Night Refreshment Houses Act 1969; Greater London Council (General Powers) Act 1968 – Night Cafes; Bye-laws for the Good Rule and Government of the Borough.

Ilford Grocers
and Provision
Merchants
Evening
Closing Order
1920

This order was made in 1920 by the former Urban District Council of Ilford. The order applies only to grocers whose businesses are within the boundaries of the former Borough of Ilford and prescribes that the closing hours shall be 7 p.m. on Monday, Tuesday and Wednesday; 1 p.m. on Thursday, which is the weekly half holiday, and 8 p.m. on Friday and Saturday. During 1971 a request was received from the proprietor of several grocers shops within Ilford to remain open until 9 p.m. on Friday, which is not allowed either by the order or the general provisions of the Shops Act 1950. Grocers in other parts of the Borough not affected by the Ilford order are subject to the general closing orders prescribed by the Shops Act 1950 which allows them to stay open until 8 p.m. on weekdays subject to one day being a half and until 9 p.m. on Saturday (known as the late day). Under the provisions of Section 3 of the Shops Act 1950 the local authority may by order fix some other day than Saturday as the "late day". It was decided that the order be revoked to enable grocers to stay open until 8 p.m. on weekdays and 9 p.m. on Saturday until such time as the Council can formally change the "late day" for grocers to enable them to stay open until 9 p.m. on Friday rather than Saturday.

PUBLIC CONTROL (Registration and Licensing)

Dairies, Milk Distributors, Food Preparation Premises, Hawkers, etc.	Milk and Dairies –											
	Premises registered as dairies											9
	Persons registered as distributors of milk											182
	Licences, for five year period ending 31.12.75 in operation at end of year:-											
	Pasteurisers											1
	Sterilisers											1
	Untreated											1
	Pasteurised (Dealers)											129
	Sterilised (Dealers)											108
	Untreated (Dealers)											28
	Ultra Heat Treated (Dealers)											61
	Ice Cream –											
	Premises on register for manufacture and/or storage and sale of ice-cream											695
	Food Preparation Premises –											
	Premises on register for the preparation or manufacture of sausages or potted, pressed, pickled or preserved meat, fish or other food intended for sale... ..											348
	Hawkers											
	Hawkers of food, and premises used for the storage of food, on register											102

Diseases of Animals

Two premises having the necessary equipment to sterilise pig swill and similar waste under the Diseases of Animals (Waste Food) Order, 1957 were licensed during the year. The movement of animals has progressed without the issue of any licences during 1971.

Pharmacy and Poisons

The Pharmacy and Poisons Act, 1933 requires registration with the Local Authority of premises used for the sale of those poisons prescribed in part 2 of the Poisons List issued under the Pharmacy and Poisons Act, 1933. Regular inspections were carried out in respect of 103 applications for renewal of entry on the statutory register. Eleven new applications for registration were investigated and found to be satisfactory.

During 1971, eight samples were submitted for analysis and all were found satisfactory.

Rag Flock
and Other
Filling
Materials
Act, 1951

This Act requires the Local Authority to register premises wherein rag flock and other filling materials are used. There are 7 premises at present on the register and one establishment has been licensed for the manufacture of those commodities as required by this Act.

Seventeen samples of filling materials were obtained and submitted to the analyst during 1971. All proved to be satisfactory.

The Pet
Animals Act,
1951

Twenty-two establishments were licensed during the year under the provisions of this Act, which ensures that animals kept, stored or sold as pets by way of business are cared for in a humane and healthy manner. The establishments generally were well administered.

Animal
Boarding
Establishments
Act, 1963

Three premises were licensed during the year and periodic inspections found them well maintained.

Riding
Establishments
Acts, 1964 and
1970

All premises requiring licences under these Acts are inspected by a veterinary surgeon prior to consideration of the application. Subsequent inspections are made by inspectors. Three licences were granted during the year.

Establishments
for Massage
and Special
Treatment

The public health inspectors continued their work of the examination of establishments set up for massage and special treatment under Part IV, Essex County Council Act, 1933. These premises are visited at least once annually. Two new applications for licences were approved, and 34 licences were renewed during 1971.

Employment
Agencies

During 1971, 42 licences, including 8 new licences, were issued under the provisions of the Essex County Council Act, 1933 in respect of employment agencies.

Theatrical
Employment
Agencies

Under the Theatrical Employers Registration Acts, 1925 and 1928, employers of theatrical performers are required to register with the local authority in which they reside. Five registrations were operative in Redbridge during 1971.

Night Cafés

The Greater London Council (General Powers) Act, 1968, Part VIII, requires that certain premises defined as "Night Cafés" which are kept

open for refreshment at any time between the hours of 11.00 p.m. and 5.00 a.m. must be registered with the local authority. Nine registrations, including one new registration, were operative in Redbridge during 1971.

Late Night
Refreshment
Houses

The Late Night Refreshment Houses Act, 1969 requires that certain premises defined as "Late Night Refreshment Houses" which are kept open for the public between the hours of 10.00 p.m. and 5.00 a.m. must be licensed by the local authority. Fifteen licences, including four new licences, were issued during 1971.

Moneylenders

During 1971, 41 licences, including 7 new licences, were issued under the provisions of the Moneylenders Act, 1927.

Gaming
Permits

Under the provisions of the Gaming Act, 1968, Section 34, a permit from the local authority is required in respect of any premises where machines are used for gaming by way of amusement with prizes. 44 Permits, including 8 new permits, were operative during 1971.

REDBRIDGE TRADING SURVEY

1. The Greater London Council's Intelligence Unit was asked by Redbridge Borough Council, to organise a survey to assess public opinion on the question of six-day trading. The survey began on Monday 4th October and extended over the two weeks following. The interviews took place on the street; passers-by (whether shopping or not) were asked a few short questions. The interviews were conducted by a Market Research Firm, commissioned by the G.L.C. for the purpose.

2. A total of 3,457 people were successfully interviewed, equivalent to 1.8% of the Redbridge population of 18 years and over. 86% (2,976) of those interviewed were women. The shopping population has more women than men and interviewing in shopping areas should represent a balance of shopping opinion. The station interviews were arranged to ensure that working women would be included, although some would have been interviewed on Saturdays.

3. In a number of other respects comparisons showed that the survey respondents are reasonably representative of the Redbridge population bearing in mind how the shopping population is drawn from the community. The age and class structure of the sample has been compared in Tables 1 and 2 with 1966 Census. The catchment area of Redbridge shopping centres spreads beyond the Borough boundary and some of the sample represent this spread of catchment. However for comparison it is only possible to use data for the population of the Borough.

TABLE 1 Comparison of the Age/Sex structure of the sample with the population of Redbridge

Age Group	Survey Sample			Redbridge Population (1966 Census)		
	Male	Female	Total	Male	Female	Total
18 – 24	19%	19%	19%	15%	13%	14%
25 – 44	28%	39%	38%	34%	31%	32%
45 – 64	31%	33%	33%	39%	37%	38%
65 plus	22%	9%	10%	12%	19%	16%
TOTAL	100% (481)	100% (2,976)	100% (3,457)	100% (87,610)	100% (100,090)	100% (187,800)

4. The women who answered the questionnaire were younger on average than the total population and in contrast the men were older on average. This was expected and is consistent with the social pattern; young women with young children tend not to be employed and therefore do much more daily shopping, it is also common for men to take over the responsibility for some of the shopping when they retire.

TABLE 2 Comparison of the social class structure of the samples with the population of Redbridge

Socio-Econ Group of Head of Household based on 1966 Census data	Social Class	
Professional, Employers and Managers ... 21%	A B	4% 13%) 17%
Other non-manual workers 27%	C 1	33%
Skilled, non-manual, foremen, non-profes- sional, self-employed and armed forces 26%	C 2	29%
Service, semi-skilled, unskilled and agricultural workers 14%	D	14%
Economically inactive and inadequately described 12%	E	7%

APPENDIX 21 (continued)

5. The comparison made in Table 2 is not an exact one because occupations are not classified in exactly the same way. For example, the retired are grouped together in the census with the economically inactive whereas in the survey the retired in receipt of income other than the state pension are ascribed to the class for their former occupation.

6. In terms of both social class and age, therefore, the sample can be accepted as properly representative of those in the population of Redbridge who use the shops. Any differences of opinion between sub-groups of the sample are brought out in subsequent paragraphs.

Findings – Trading Hours

7. In the survey opinions were expressed and counted against the current situation. It is important to remember this when interpreting the results in the following paragraphs, because it may well be that if there was a change in shopping hours rather more would express themselves in favour of the new arrangements once they had experienced them.

8. The most striking thing about the results was the level of satisfaction with the existing shopping hours. 1,920 out of 3,457 (56%) respondents indicated their satisfaction by expressing a preference for five-day or five-and-a-half-day trading or by indicating they did not want any change in shopping hours. By adding together the preferences for six-day trading, very late trading and earlier morning trading we get a measure of those who felt present hours to be inadequate. 1,501 respondents (43%) felt this to be the case. Table 3 sets out the preferred trading pattern of all the respondents including those interviewed at station points in both absolute and percentage terms. 20% specifically expressed a preference for six-day trading, the largest group of respondents however, did not want change.

TABLE 3

The preferred trading pattern

Trading Pattern	Number of Respondents	Percentage
5 day	557	16
5½ day	433	13
6 day	687	20
Very late	625	18
Earlier morning	189	5
No change	930	27
Don't know	36	1
TOTAL	3,457	100

9. It is important to see if different sub-groups express different opinions. In all the following tables the classification 'satisfied' is a summation of all the responses for 5, 5½ day trading and 'no change'; 'dissatisfied' includes all responses for six-day trading, very late trading and earlier morning trading.

TABLE 4 Opinion of the trading hours classified according to sex

	Males	Females
Satisfied	53%	56%
Dissatisfied	46%	43%
Six-day trading	23%	19%
Late night	20%	18%

TABLE 5 Opinion of trading hours according to employment status

	Working Full-time	Working Part-time	Not Working
Satisfied	45%	58%	60%
Dissatisfied	54%	40%	38%
Six-day trading	20%	17%	21%
Late night	28%	18%	13%

APPENDIX 21 (continued)

TABLE 6 Opinion of trading hours according to social class

	SOCIAL CLASS					
	A	B	C1	C2	D	E
Satisfied	43%	50%	54%	55%	61%	70%
Dissatisfied	54%	50%	45%	44%	38%	20%
Six-day trading	24%	25%	19%	21%	15%	13%
Late night	24%	21%	21%	17%	15%	6%

TABLE 7 Opinion of trading hours according to age

	AGE IN YEARS			
	18 – 24	25 – 44	45 – 64	65 plus
Satisfied	44%	50%	54%	72%
Dissatisfied	56%	49%	35%	26%
Six-day trading	22%	23%	17%	16%
Late night	30%	20%	13%	4%

TABLE 8 Opinion of trading hours according to residence inside or outside Redbridge

	Resident inside the Borough	Resident outside the Borough
Satisfied	56%	52%
Dissatisfied	43%	47%
Six-day trading	20%	18%
Late night	17%	22%

APPENDIX 21 (continued)

10. Women are marginally more satisfied with trading hours than men (see Table 4) and Redbridge residents are more satisfied than those interviewed who lived outside the boundary (see Table 8). Other classifications show much less satisfaction with arrangements amongst full-time workers, (see Table 5) in the higher social classes (see Table 6) and amongst the younger respondents (see Table 7). However although all these variables affect the level of satisfaction with the trading hours, the solution to extending these hours is not affected in a consistent way. Six-day trading is a more popular option amongst the higher social classes although Class C2 provides an exception. Six-day trading declines in popularity with age. Of those aged 18 to 24 and those who work full-time, later opening would be a more useful way of extending the shopping hours than opening an extra half day; 30% of those aged 18–24 and 28% of the full-time workers would prefer later trading.

11. By interviewing in the evening at the stations it was possible to include an important group of women workers and an examination of their responses is of special interest.

Of the 320 interviewed at the stations, 268 (84%) were workers, and 228 (71%) worked full-time.

TABLE 9 Opinion of trading hours amongst those interviewed at station points compared with the whole sample

Trading Pattern	Station Points	All Respondents
5 day trading	9%	16%
5½ day trading	12%	13%
6 day trading	20%	20%
Very late	28%	18%
Earlier morning	6%	5%
No change	23%	30%
Don't know	2%	1%
TOTAL	100% (320)	100% (3,457)
Satisfied	45%	56%
Dissatisfied	54%	43%

APPENDIX 21 (continued)

12. Those interviewed at the stations clearly felt less satisfied with current trading hours than did the rest of the sample (see Table 9). However amongst this group very late trading seemed more attractive than six-day trading. As in the full sample late opening was especially popular amongst those working full-time (see Table 10).

TABLE 10 The opinion of trading hours amongst those interviewed at station points analysed according to employment status

	Working Full-time	Working Part-time	Not Working
Satisfied	42%	45%	58%
Dissatisfied	57%	55%	37%
Six-day trading	20%	25%	15%
Very late	31%	25%	25%

Findings – Early Closing Day

13. Opinion about early closing day is set down in Table 11. When asked which would be the best day for early closing the largest group of 882 (32%) said it did not matter. This opinion, from comments the interviewers recorded, covered many shades from 'it did not matter which day provided all the shops closed on the same day', to 'it did not matter so long as each shop made it clear when it was closing early'.

TABLE 11 Opinion as to the best early closing day amongst the full sample

Best early closing day	Number	Percentage
Monday	634	23
Tuesday	23	1
Wednesday	177	7
Thursday	747	27
Friday	3	—
Saturday	26	1
None	61	2
Free choice	146	4
Don't know	46	2
Doesn't matter	882	32
TOTAL	2,745*	100

*This question was not asked of 712 who were not regular shoppers in the centre where they were interviewed.

14. Thursday since it is the traditional day got the highest approval with Monday a popular second. This is not surprising because, although Thursday is the usual early closing day in Redbridge there are exceptions to this general pattern; in Ilford there is some six-day trading and in other centres some shops including large supermarkets are closed on Monday. As was shown when people were asked about trading hours, there is a great deal of expressed satisfaction with the current situation instanced by votes for Thursday or Monday early closing and the large number of replies saying 'it does not matter'.

TABLE 12 Opinion as to the best day for early closing according to sex

	Male	Female
Monday	22%	23%
Thursday	23%	28%
Doesn't matter	34%	32%

APPENDIX 21 (continued)

TABLE 13 Opinion as to the best day for early closing
according to employment status

	Working Full-time	Working Part-time	Not Working
Monday	20%	30%	22%
Thursday	22%	25%	31%
Doesn't matter	39%	29%	30%

TABLE 14 Opinion as to the best day for early closing
according to social class

	SOCIAL CLASS					
	A	B	C1	C2	D	E
Monday	19%	22%	23%	26%	22%	21%
Thursday	31%	25%	25%	28%	28%	32%
Doesn't matter	27%	31%	35%	30%	34%	31%

TABLE 15 Opinion as to the best day for early closing
according to age

	AGE IN YEARS			
	18 – 24	25 – 44	45 – 64	65 plus
Monday	19%	25%	24%	20%
Thursday	29%	26%	26%	32%
Doesn't matter	32%	31%	34%	34%

TABLE 16 Opinion as to the best day for early closing
according to location of residence

	Resident inside the Borough	Resident outside the Borough
Monday	23%	22%
Thursday	28%	21%
Doesn't matter	32%	33%

15. Sex (Table 12), social class (Table 14), age (Table 15) and residence (Table 16) do not significantly affect the preference for an early closing day. Employment status (Table 13) does however. Those working full-time appear indifferent to the day shops close early, their real preference as was shown in Table 5 being for later opening. The early closing day is of more importance to part-time workers and the largest group amongst them opted for Monday early closing. Of those who don't work the largest group prefer Thursday, no doubt reflecting present shopping habits. The replies to this question seem to indicate that most of the respondents were not seriously inconvenienced by present shopping hours and therefore when asked to state a preference, they indicated their satisfaction with the status quo.

16. Preference for the early closing day varies between the different shopping centres while those who were interviewed at the stations recorded a much higher level of indifference. The data on this aspect is presented in the table on page 146.

Findings – Ilford Town Centre

17. The opinions of those interviewed in Ilford are analysed separately in view of the existing early closing day exemption orders for certain categories of goods. Amongst the most interesting findings were the answers to two questions posed to find if the existing rules were understood. One question was designed to ascertain whether the rules were easy to follow and the other whether the respondent knew the rules. To the question asking what were the existing rules only 17% (85) gave an adequate reply and most of them thought the rules were easy to follow. The vast majority could not explain the six-day trading pattern, or did

APPENDIX 21 (continued)

not know it existed. Their lack of awareness or misunderstanding was compounded by their saying the rules were easy to follow.

18. Table 17 compares the preferred trading pattern of those interviewed in Ilford and the total sample.

TABLE 17 Preferred trading pattern of Ilford Group compared with Total Sample

Trading Pattern	Ilford Group	Total Sample
5 day	14%	16%
5½ day	11%	13%
6 day	20%	20%
Very late	21%	18%
Earlier morning	5%	5%
No change	29%	27%
Don't know	—	1%
TOTAL	100% (506)	100% (3,457)

The important feature of this table is that the same proportion in both groups (20%) indicate a preference for six-day trading. It is impossible to say in the light of the apparent confusion about the Ilford situation that exposure to six-day trading has not increased preference for it, but fewer of those interviewed in Ilford would be satisfied with 5 or 5½ day trading.

19. In other respects examination of the Ilford group showed that it followed closely the pattern of the total sample.

APPENDIX 21 (continued)

Opinion as to the best day for early closing according to shopping centre
or station where interviewed

	Monday	Thursday	Doesn't matter
	%	%	%
<u>CENTRES</u>			
Barkingside	31	30	32
Becontree	27	18	36
Gants Hill	26	23	29
Ilford	25	33	24
Hainault	20	23	34
Newbury Park	8	46	35
Seven Kings	20	31	39
South Woodford	18	37	39
Wanstead	13	33	32
Woodford Green	31	26	29
Woodford Bridge	21	23	29
<u>STATIONS</u>			
Gants Hill	19	22	57
Hainault	9	34	55
Ilford	30	9	36
Seven Kings	19	22	16
South Woodford	22	20	41
Woodford	21	18	44

PREVENTION OF DAMAGE BY PESTS ACT 1949

							<u>Type of Property</u>	
							<u>Non- Agricultural</u>	<u>Agricultural</u>
1.	Number of Properties in district	...	...	...	...	...	94,263	31
2.	(a) Total number of properties (including nearby premises) inspected following notification	...	...	...	...	...	1,750	—
	(b) Number infested by (i) Rats	...	...	...	...	...	727	—
	(ii) Mice	...	...	...	...	...	608	—
3.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification	...	...	...	...	...	—	—
	(b) Number infested by (i) Rats	...	...	...	...	...	—	—
	(ii) Mice	...	...	...	...	...	—	—

SEWER TREATMENT — 1971

1,000 manholes were treated, using '1081', during the year by private contractor. 50 manholes were checked, using Warfarin, after this treatment, and 3 manholes showed takes.

FACTORIES ACT 1961

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	135	35	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	747	549	13	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)... ..	67	14	—	—
Total	949	598	13	—

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) —					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	13	17	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	13	17	—	4	—

APPENDIX 23 (continued)

PART VIII OF THE ACT

OUTWORK
(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	Number of out-workers in August list required by Section 133(1)(c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel – Making etc.	92	—	—	—	—	—
Cosaques, Christmas stockings, etc.	33	—	—	—	—	—
Total	125	—	—	—	—	—

APPENDIX 24

ARTICLES OF FOOD SURRENDERED AND CONDEMNED AS BEING UNFIT
FOR THE FOOD OF MAN DURING 1971

Commodity	Weight		
	Tons	Cwts.	lbs.
Meat, cooked meat, meat products	1	7	92
Canned Meats	—	17	32
Fish	1	1	17
Fruit and Vegetables	—	—	44
Other foods (including canned foods other than meats)	1	17	11
TOTAL	5	3	84

INSPECTIONS

	<u>Initial</u> <u>Inspection</u>	<u>Re-</u> <u>inspections</u>	<u>Notices Issued</u>		<u>Notices Complied</u>	
			<u>Informal</u>	<u>Formal</u>	<u>Informal</u>	<u>Formal</u>
<u>DWELLINGS:</u>						
Housing Act (including Slum Clearance and Multi-occupation)... ..	6,909	6,866	136	56	24	2
Rent Acts (Certificates of Disrepair)...	6	5	—	—	—	—
Public Health Acts (Nuisances)...	6,458	4,611	406	380	258	270
Clean Air Act (Smoke Control Areas)...	1,688	1,276	—	255	—	150
Infectious Disease (including visits to advise long stay immigrants)	388	149	—	—	—	—
<u>OTHER PREMISES:</u>						
Food Premises	2,975	1,183	299	—	126	—
Offices, Shops Act	1,651	704	306	—	336	—
Factories and Workshops	419	127	8	2	9	—
Dairies	112	16	—	—	—	—
Clean Air Act (Industrial Premises) ...	375	195	1	—	1	—
Pests (Rats, mice, wasps, pigeons) ...	1,362	579	34	6	9	1
Rag Flock Premises	25	2	—	—	—	—
Schools	38	3	—	—	—	—
Swimming Baths	143	50	—	—	—	—
Hairdressers	36	3	—	—	—	—
Fertilisers and Feeding Stuffs	8	—	—	—	—	—
Pharmacy and Poisons	36	5	—	—	—	—
Animal Boarding Establishments ...	4	—	—	—	—	—
Riding Establishments	8	5	—	—	—	—
Pet Animals Act	23	4	—	—	—	—
Diseases of Animals Act	1	—	—	—	—	—
Atmospheric Pollution Measuring Instruments	32	107	—	—	—	—
Shops Act	203	17	—	—	—	—
Young People's Employment	6	—	—	—	—	—
Highways Act	84	13	—	—	—	—
Public Control — Licensed and Registered Premises	69	15	—	—	—	—
Employment Agencies	6	—	—	—	—	—

APPENDIX 25 (continued)

INSPECTIONS (continued)

	<u>Initial Inspections</u>	<u>Re-Inspections</u>
Farms	4	2
Litter Act	16	7
Tents, Vans and Sheds	33	23
Nursing Homes	14	—
Day Nurseries and Child Minders	44	8
Massage and Special Treatment Establishments ...	23	—
Miscellaneous	1,292	291

	<u>Visits</u>	<u>Re-Visits</u>
<u>Other Duties</u>		
Food and Drug Sampling	86	5
Bacteriological Sampling	80	37
Lectures to organisations, schools, etc.	26	2

APPENDIX 26

SAMPLES

	<u>Formal</u>	<u>Informal</u>	<u>Unsatisfactory</u>
Food and Drugs for Adulteration or Mis- description	115	153	8
Rag Flock	—	17	—
Fertilisers and Feeding Stuffs	—	13	—
Bacteriological:-			
*Ice Cream Grade 1			40
			2 16
			3 25
			4 7
			<u>88</u>
	88*	—	—
Milk	32	—	—
Water	14	—	—
Swimming Baths	30	—	—

COMPLAINTS

The Public Health Inspectors dealt with 4,120 complaints received on the following matters:-

Accumulation and deposits of refuse	...	...	...	...	...	...	...	64
Animals improperly kept	...	...	...	...	...	...	...	1
Offensive Odours	...	...	...	...	...	...	...	46
Dampness of Premises	...	...	...	...	...	...	...	55
Defective drains, W.C.'s and fittings	...	...	...	...	...	...	...	1,281
Defective roofs, gutters, downpipes, etc.	...	...	...	...	...	...	...	85
Defective water fittings	...	...	...	...	...	...	...	18
Dirty and verminous houses	...	...	...	...	...	...	...	15
Dirty condition of passageway	...	...	...	...	...	...	...	17
Flooding of premises	...	...	...	...	...	...	...	17
Overcrowding	...	...	...	...	...	...	...	18
Smoke Nuisances	...	...	...	...	...	...	...	20
Noise Nuisances	...	...	...	...	...	...	...	54
Defective or no provision of dustbin	...	..	...	...	...	...	...	260
Rats and mice	1,311
Wasps Nests	446
Unsound Food	71
Miscellaneous	341
								4,120

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London Borough of REDBRIDGE

BOROUGH BOUNDARY
WARD
Area of Borough 13983 Acres



REFERENCE (JULY, 1972)

HEALTH CENTRE	ADDRESS	Tel.No.	Map Ref.
Newbury Park	40, Perytons Farm Road, Barking-side, Ilford.	554-6419	H.8
CLINICS			
Heathcote	Heathcote Avenue, Clayhall, Ilford	550-1781	F.5
Herman Hill	118 Herman Hill, South Woodford, E.18	989-8191	C.6
Kenwood Gardens	Kenwood Gardens, Gants Hill, Ilford	550-4541	G.7
Madeira Grove	Madeira Grove, Woodford Green	504-1334	D.3
Manford Way	Manford Way, Hainault, Ilford	500-4515	J.3
Mayesbrook	Goodmayes Lane, Goodmayes, Ilford	590-0790	K.10
South Park	100 South Park Drive, Ilford	550-4049	F.7
Valentines	Beehive Lane, Ilford	989-0031	C.8
Wanstead Place	35 Wanstead Place, Wanstead, E.11	478-7211	G.12
Child Guidance Clinic	Loxford Hall, Loxford Lane, Ilford		
CHILD HEALTH CENTRES OTHER THAN IN COUNCIL CLINICS			
Aldersbrook Baptist Church Hall	Dover Road, Wanstead, E.11		D.9
All Saints Church Hall	Woodford Wells		C.3
Ashton Playing Fields	Ashton Playing Fields and Youth Centre, Pavilion, Woodford Bridge		E.4
Chadwell Christian Mission	Christie Mission Hall, Essex Road, Chadwell Heath		L.9
Cranbrook Baptist Church	Welliesley Road, Ilford		G.10
Eastern Avenue Memorial Church Hall	The Drive, Ilford		E.8
Fullwell Cross	Fullwell Cross Library, Barking-side, Ilford		H.5
Marks Gate Clinic	Lawn Farm Grove, Marks Gate		M.6
Seven Kings Methodist Church Hall	Seven Kings Road, Ilford		J.9
St. Albans Church Hall	Albion Road, Ilford		G.10
St. John's Church Hall	Devonshire Road, Seven Kings, Ilford		J.8
St. Luke's Church Hall	Baxter Road, Ilford		G.11
St. Mary's Memorial Church	High Wood, South Woodford, E.18		B.5
Woodford Baptist Church	George Lane, South Woodford, E.18		C.6
DAY NURSERIES			
Goodmayes Lane	Goodmayes Lane, Goodmayes, Ilford	590-6353	K.10
Ley Street	226/236 Ley Street, Ilford	478-2913	G.9
CHILDREN'S HOMES			
41 Buckingham Road	South Woodford, E.18	504-9231	B.5
800 Cranbrook Road	(Dr. Barnardo's) (temporary)	550-0308	H.6
Peregines	Granville Road	554-4488	G.9
MENTAL HEALTH PREMISES			
Abury House Hostel for Mentally Ill Adults	485 Aldborough Road North, Newbury Park, Ilford	599-7755	J.7
Burnside Adult Training Centre	Burnside Road, Dagenham	599-0249	L.10
Hostel for Mentally Sub-normal Adults	"Woodside", 597 High Road, Woodford Green	504-7336	C.2
OCCUPATIONAL AND REHABILITATION CENTRES			
Occupational Centre	Fellowship House, Green Lane, Ilford	478-3648	H.10
Oaks Rehabilitation Centre	361/363 High Road, Ilford	478-0878	H.10
Woodbine Centre	Fencepiece Road, Barking-side, Woodbine Place, Wanstead, E.11	500-8772	H.5
	(exp. opening Autumn 1972)		C.8
HOMES FOR THE ELDERLY			
Birchwood	406 Clayhall Avenue, Barking-side	551-2400	F.6
Forest Dene	48 Herman Hill, Wanstead, E.11	989-2311	C.7
Green Elms	Mossford Green, Barking-side	551-1944	G.6
Heathgate	Chadwell Heath Lane, Chadwell Heath	590-6250	L.7
Hyleford	1 Boundary Close, Ilford	590-5411	H.11
Pegram House	Longhayes Avenue, Mark's Gate, Ramford	590-8404	M.7
Rose Park	Heathcote Avenue, Clayhall, Ilford	550-7199	F.5
DAY CENTRES FOR THE ELDERLY			
249 Aldborough Road	Seven Kings, Ilford	590-2109	J.8
Broomhill Road	Community Centre, Novestock Crescent, Woodford Green	505-0654	D.4
Fullers Hall	St. Andrews Church Hall, Goodmayes, Ilford	590-6706	K.10
Fullwell Cross	Fullers Road, E.18	505-4183	B.4
Scrutton Road	Barking-side	500-3606	H.5
Sylvon Road	Ilford	478-4196	G.10
	Adjacent Forest, Dene, 19 Sylvon Road, Wanstead, E.11	989-2311	C.7
OTHER PREMISES			
Health Education Workshop	Meadow Walk, South Woodford, E.18		C.6
Mortuary	Buckingham Road, Ilford	553-3629	H.10
Temporary Accommodation	28, 34/36, Grosvenor Road, Ilford	478-3177	G.10
OFFICES			
Main Department Offices	17/23 Clements Road, Ilford	478-3020	G.10
Health Visitors Office	Ethel Davis School, Barley Lane, Chadwell Heath	599-1779	L.7
PROPOSED PROJECTS			
HEALTH CENTRES			
Fencepiece Road	Barking-side		H.5
114/126 High Road	Woodford		B.5
Manford Way	Hainault		K.3
(extension of Clinic)			
Solisbury Road	Seven Kings		J.9
HOMES FOR THE ELDERLY			
Buntingbridge Home & Day Centre	Newbury Park		H.7
Manford Way Home	C/o Covert Road, Hainault		J.3
OTHER			
Reception Centre	16 York Road, Ilford		F.10
Hostel for Mentally Sub-normal Adults	Barking-side Redevelopment Centre (ex Dr. Barnardo's)		H.6

Based upon the Ordnance Survey map with the sanction of the Controller H.M. Stationery Office

